

12 Does anyone in your household receive financial assistance for a disability? Yes No

13 LIST THE PEOPLE WHO LIVE WITH YOU. START WITH YOURSELF. INCLUDE ALL CHILDREN AND ADULTS. INCLUDE RELATED ROOMERS. INCLUDE ALL UNRELATED ROOMERS WHO SHARE HOUSEHOLD EXPENSES.

Using the codes below for the related fields, please provide the details for all individuals in your household:
Use additional sheets, if needed.

SEX: (M) Male, (F) Female
RACE: (1) Black or African American, (3) American Indian or Alaskan Native, (4) Asian, (5) White, (6) Other, (7) Native Hawaiian or other Pacific Islander
CITIZENSHIP: (1) U.S. Citizen, (2) Permanent Alien, (3) Temporary Alien, (4) Refugee, (5) Other-not eligible for benefits
ETHNICITY: (1) Non-Hispanic, (2) Hispanic or Latino

NAME (Last, First, M.I.)	Date of Birth	Sex	Social Security Number	Citizenship	Race (Optional)	Ethnicity (Optional)	Relationship
							SELF

Total persons in household

14 If any of the household members listed above have income, print the monthly amount before taxes, and the source of the income, such as employment, veteran's benefits, unemployment compensation, Public Assistance, SSI, Social Security, Child Support, interest from bank accounts or DPW case number. Attach proof of all income for the past 30 days, 90 days, or 12 months as applicable (See instructions for question 11.)

Name	Type/Source of Income	Income Amount

Certification

- My signature on this application grants permission to the Department of Public Welfare or its authorized agent to: (a) verify any information concerning residence, employment, income, resources, energy supply and energy supplier which I have given concerning this request for assistance; (b) obtain any information needed concerning shelter costs, heating costs, and heating usage; (c) complete any survey in connection with energy assistance.
- I authorize the release of limited information to approved agencies which provide other energy/weatherization assistance for which I may be eligible. Yes No
- Do you want to be referred to your phone company for reduced phone costs? Yes No
- I swear/affirm that all information contained in this application is true, correct, and complete, to the best of my ability, knowledge, and belief.
- I am aware that I can be penalized by fine and/or imprisonment for making false statements.
- I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application.
- I affirm that Pennsylvania is my legal residence.
- I understand any social security number(s) given will be used in the administration of this program, including cross matches with other programs.
- I understand that I will be sent a notice of eligibility or ineligibility and, if eligible, it will state the amount of my benefit.

I further understand that if my household is eligible for a LIHEAP Cash Benefit, it must be sent directly to my utility company or fuel dealer unless I am a renter and my heat is included in my rent or my fuel is supplied by a fuel dealer who does not accept vendor payment.

Please Sign Here - in ink

_____ Date
Signature

DPW USE _____ Worker's Signature _____ Date _____ Authorized Signature _____ Date

INSTRUCTIONS FOR COMPLETING APPLICATION LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

PLEASE READ THESE INSTRUCTIONS

If you do not understand these instructions, contact the local county assistance office.
Si usted no entiende estas instrucciones, comuníquese con su oficina de asistencia.

A lien will not be placed on your property for energy assistance benefits.

If you are eligible for energy assistance benefits, you do not have to repay those benefits.

Please answer all questions, 1 through 14, either by entering complete and correct information or by marking (X) the answer clearly. Do not write in the "DPW use only" area on the front and back of the application.

- **Question 1** Add your name and address if they are not shown. If incorrect, cross out and print the correct information in the space provided.

LIHEAP funds remaining in your account with your fuel dealer or utility company after June 30 of the year following the program year in which LIHEAP benefits are granted will be returned to the Department of Public Welfare.

You can choose to have your LIHEAP payment made to your main heating source or your second heating source. (See Question 7). It is important for you to determine if there is any LIHEAP money remaining in your accounts with your fuel dealer and/or utility to help you decide whether you want your current LIHEAP payment to go to your main or second heating source.

- **Question 7** is asking to what fuel dealer you want payment sent. It can be the fuel dealer who provides fuel for the main heating source you identified in Question 8 or the fuel dealer who provides fuel for the second heating source you identified in Question 9.

- **Question 8** is asking what your main heating source is, that is, the one that heats your home. Attach a copy of your last bill.

If you have no previous bills, but will be paying your own heat, attach a statement from a utility or fuel dealer stating the type of fuel and that you are accepted as a customer.

If heat is included in your rent, attach a note from your landlord stating that heat is included and the type of fuel used.

- **Question 9** is asking what your second heating source is, if you have one.

Note: A second heating source is energy for space heating to supplement the central heating system, a second energy source that is needed to operate the central heating system (in addition to the main fuel), or if the residence is not centrally heated, a source of energy that is used for home heating to a lesser degree than the main fuel type.

Example:

An applicant for LIHEAP lives in a house that has an oil furnace as the central heating source. However, sometimes the applicant uses an electric space heater to heat certain rooms in the house. In this example; the applicant would choose fuel oil as the main source of heat for Question 8 and electric as the second source of heat for Question 9.

ANSWER QUESTION 9 ONLY IF YOU WANT YOUR LIHEAP PAYMENT SENT TO THE SUPPLIER OF YOUR SECOND HEATING SOURCE INSTEAD OF THE SUPPLIER OF YOUR MAIN HEATING SOURCE.

If you choose to have your LIHEAP payment sent to the supplier of your second heating source, attach a copy of your latest bill for your second heating source, **and** attach a copy of your main heating bill.

(REMOVE INSTRUCTION SHEET ALONG PERFORATED LINE BEFORE MAILING)

• **Question 11 and 14** are asking you to report your income. You may choose to use household income during the 12 months before the date of your application, or household income during the 90 days before the date of your application, or household income during the 30 days before the date of your application, converted to a yearly amount. Eligibility for a LIHEAP payment is based on the lesser amount.

Attach proof of income for the past 30 days, or 90 days or 12 months; if your household income has changed during the past 12 months, it may be to your advantage to attach proof of your income for the past 12 months (rather than proof for only the past 30 days or 90 days). Provide recent proof (copies, if possible) of all income of all members of your household (except unrelated roomers) as follows:

- Employment – Pay stubs or employer’s statement showing gross wages
- Veteran’s Benefits – Copy of check, award letter, bank statement showing direct deposit of benefit
- Unemployment Compensation – Eligibility Notice
- Cash Assistance – Nothing needed
- Black Lung Benefits – Copy of check, award letter, bank statement showing direct deposit of benefit
- SSI – Nothing needed
- Social Security – Copy of check, award letter, bank statement showing direct deposit of benefit
- Support – Copy of current statement from Domestic Relations
- Workers Compensation – Statement from employer’s insurance carrier
- Interest/Dividends – Copy of bank book or bank statement
- Rental Income – Rent receipt or tenant statement

• **Question 13** List unrelated persons and unrelated roomers who share household expenses.

For all household members who (1) did not receive energy benefits last year or (2) did not live in your household last year, attach copies of their Social Security cards.

• **CERTIFICATION** Read the certification on the back of the application and check “yes” or “no” for item 2. **You must sign and date the application at the X.**

Although an application may have been mailed to you, payments will not be made until after the program starts. Wait at least 30 days after you mail your application before you contact your county assistance office.

To mail your application, use the enclosed return envelope. Make sure that the county assistance office address shows in the window. Make sure that you have included all items listed on the flap of the envelope to avoid delay in determining eligibility for benefits.