

2020 APPLICATION FOR THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) Coronavirus Recovery Crisis Program

To apply for Energy Assistance, you must complete all questions front and back and sign at the red "X".

If you do not understand these instructions, contact your local county assistance office.

1 Please complete this section for the head of household. **Use the codes from question 2 to help provide the details.*

Name (Include Last, First Middle Initial)		Date of Birth	Sex	Social Security Number	
Home Address (Include Street, Apt. Number, City, State & ZIP Code+4)					
Mailing Address if different (Include Street, Apt. Number, City, State & ZIP Code+4)					
County You Live In	Phone Number: ()	Citizenship*	Race (Optional)*	Ethnicity (Optional)*	Marital Status*
If you are currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income you have on file?					<input type="checkbox"/> Yes <input type="checkbox"/> No

2 List the people who live with you at this address. Include all children and adults. Include related roomers. Include all unrelated roomers who share household expenses. Do not include anyone in jail/prison. Do not include the household member listed in block 1.

Use the codes below to help provide the details for each individual in your household.

CITIZENSHIP*: (1) U.S. Citizen, (2) Permanent Alien, (3) Temporary Alien, (4) Refugee, (5) Other-not eligible for benefits (All non-U.S. citizens must provide proof of alien status.)

RACE*: (optional) (1) Black or African American, (3) American Indian or Alaskan Native:, (4) Asian, (5) White, (7) Native Hawaiian or other Pacific Islander. List all groups that apply.

ETHNICITY*: (optional) (1) Non-Hispanic, (2) Hispanic or Latino

MARITAL STATUS*: (1) Single, (2) Married, (3) Common Law Marriage, (4) Separated, (5) Divorced, (6) Widow/Widower

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 1								
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income we have on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 2								
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income we have on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 3								
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income we have on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 4								
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income we have on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No								

If you have additional people in your house, please provide their information on a separate piece of paper and send it along with this application.

3 Tell us about income for the people in your household. Please tell us about all income, before taxes and deductions. **Types/sources of income include money from:** Employment, Veteran's Benefits, Unemployment Compensation, Black Lung benefits, Social Security, Support, Workers Compensation, Interest/Dividends, Rental Income.

Name of person with income	Type/source of income	Start Date	Date of First Paycheck	How much each month?
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4 Are you or anyone in your household fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime that would be classified as a felony? Yes No If **yes**, who? _____

DHS USE ONLY	County	District	Record Number
	Application Registration Number	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Date

5

What is your main heating source? Choose the type of energy that heats your home or is being used if your main heating source is not working. Attach a copy of your last bill or a statement from a utility or fuel dealer stating the type of fuel and that you are accepted as a customer.

- Electric
- Fuel Oil
- Coal
- Natural Gas
- Kerosene
- Propane or Bottled Gas
- Blended Fuel
- Wood/Other

5a

Do you need electricity to run your main heating source (secondary heat)? Yes No

6

Check if any of the following apply and provide explanation if needed:

- | | | |
|--|---|---|
| <input type="checkbox"/> Electricity is shut off | <input type="checkbox"/> Have a shut-off notice for electricity | <input type="checkbox"/> Main heating source is not working |
| <input type="checkbox"/> Gas is shut off | <input type="checkbox"/> Have a shut-off notice for gas | Explain: _____ |
| <input type="checkbox"/> Ran out of fuel | <input type="checkbox"/> Will run out of fuel within 15 days | _____ |

7

Which utility company or fuel dealer do you want to receive your LIHEAP grant? Write their name and address, and your account information.

Name of Utility Company or Fuel Dealer	Account Number
Address (Include Street, City, State & ZIP Code+4)	Name on Account

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If you are in subsidized/public housing, do you receive a utility allowance check? Yes No
If yes, how much? \$ _____

Certification

1. My signature on this application gives my permission to the Department of Human Services or its authorized agent to: (a) check any information I give about where I live, my jobs, income, resources, energy supply and energy supplier; (b) share information with my energy supplier and receive information from my energy supplier to allow DHS to obtain a record of my annual energy consumption, cost and billing information for purposes of program evaluation, operation, or reporting; and (c) complete any survey in connection with energy assistance.
2. Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your application or delay or prevent your ability to receive benefits. If you fail to provide a SSN or fail to complete the information below, you may be ineligible for benefits.
I certify that: (check all that apply)
 - I provided Social Security numbers for all household members.
 - To the best of my knowledge, these household members do not have Social Security numbers:

Print Name	Print Name
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 - The following household members are exercising their rights under Section 7 of the Privacy Act of 1974, and refuse to disclose their Social Security Number or may be unable to because they are a victim of domestic violence:

Print Name	Print Name
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3. I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application.
4. I affirm that Pennsylvania is my legal residence.
5. I understand any Social Security number(s) given will be used in the administration of this program, including cross matches with other programs.
6. I understand that I will be sent a notice of eligibility or ineligibility and, if eligible, the notice will state the amount of my benefit.
7. 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.
8. I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.
9. I know that if I give false information, I can be penalized by fine and/or imprisonment.
10. I understand by signing this application, I may not qualify because LIHEAP money has run out.
11. If your household is eligible for LIHEAP, you may receive a Fast Track consent form in the mail that could allow you and your household members to be automatically enrolled in Medical Assistance.

Privacy Act Notice; Authority: 42 U.S.C. § 405(c)(2)(C)(i) authorizes the collection of this information.
Purpose: The Department of Human Services ("DHS") will use this information to identify and verify income of applicant(s).
Routine Uses: The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information for LIHEAP administration. Additionally, DHS may share the information with other government agencies or in reports to legislative representatives as required by federal or Pennsylvania law.

Please Sign Here - Use Ink

X _____
 Signature _____
 Date



If you have a disability and need this application in large print or another format,
 please call our **Helpline at 1-800-692-7462**.
TDD Services are available by calling PA Relay at **711**.