

# LIEAP (Low Income Energy Assistance Program)

ENERGY PROGRAM MAIL-IN APPLICATION

**Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
First MI Last

**Address:** \_\_\_\_\_

**Mailing Address (IF Different):** \_\_\_\_\_

**Sex:** M F **Race:** Black White Indian Asian Other: \_\_\_\_\_  
(Circle One) (Circle One)

**Ethnicity:** Not Hispanic/Latino \_\_\_\_\_ Hispanic Cuban \_\_\_\_\_ Hispanic Other \_\_\_\_\_  
 Hispanic Puerto Rican \_\_\_\_\_ Unreported \_\_\_\_\_

**Language:** \_\_\_\_\_

**LIST BELOW EVERYONE WHO LIVES AT THE ABOVE ADDRESS (including applicant)**

Household Member	DOB	SS #	Relationship to Applicant	Race/Sex	US Citizen or Eligible Alien
1.				M F	
2.				M F	
3.				M F	
4.				M F	
5.				M F	
6.				M F	

**Is anyone in your household (circle all that apply):**    **Elderly (60+)**    **Disabled**    **Disabled – Receiving Services thru DAAS**

**What is your primary heating source - what you use most often: Fuel type given at time of application will not be changed even if you later change your primary source.**

**How do you heat your home? (PRIMARY HEATING SOURCE – Please circle one):**

Natural Gas    Electricity    Kerosene    Fuel Oil    LP Gas    Wood    Coal

**DOES ANYONE IN THE HOME RECEIVE THE FOLLOWING?**

WFFA \$ _____	SSI \$ _____
SOCIAL SECURITY \$ _____	WORKER’S COMP \$ _____
UNEMPLOYMENT \$ _____	CHILD SUPPORT \$ _____
CONTRIBUTIONS \$ _____	WORK RELEASE \$ _____
RETIREMENT \$ _____	STOCKS, BONDS \$ _____

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## DOES ANYONE IN THE HOME HAVE ANY OF THE FOLLOWING?

CHECKING ACCOUNT \$ \_\_\_\_\_

SAVINGS ACCOUNT \$ \_\_\_\_\_

REAL ESTATE \$ \_\_\_\_\_

TRUST FUNDS, STOCKS \$ \_\_\_\_\_

CASH ON HAND \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

Household Member	Source of Income	Income Amount	Resources (Assets)
1.			
2.			
3.			
4.			
5.			
6.			

### CIVIL RIGHTS

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the LIEAP Program. I understand that the information on this form may be checked by the State or Federal reviewer and I agree to this review.

\_\_\_\_\_  
\*Signature/Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Worker

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

### Telephone Interview Notes (For Agency Use Only):
