

## APPLICATION FOR THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

To apply for Energy Assistance, you must complete all questions front and back and sign at the red "X". Be sure your correct and complete name and address is entered below. If incorrect, cross out and PRINT correctly in space provided below. **YOU CAN ALSO APPLY ONLINE AT [WWW.COMPASS.STATE.PA.US](http://WWW.COMPASS.STATE.PA.US)**

Your Name and Address

Your County Assistance Office Address

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

**1** Please complete this section if your name and address are not shown above or if the information shown is not correct.

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH
STREET ADDRESS		APARTMENT	
CITY		STATE	ZIP CODE

**2** What language are you most comfortable with? \_\_\_\_\_

**3** Phone number where you can be reached    ( ) \_\_\_\_\_  None    Alternate Phone Number    ( ) \_\_\_\_\_  None

**4** Are you interested in weatherization services?     Yes     No    Weatherization Services include home insulation and heating system repair or replacement.

**5** 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.

*Use the codes below to help provide the details for all individuals in your household. Use additional sheets if needed. If you do not have or have a reason not to provide a Social Security Number, complete the attached Energy Assistance Affidavit on page 4.*

- 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 citizenship status.)
- RACE (optional):** (1) Black or African American, (3) American Indian or Alaskan Native, (4) Asian, (5) White, (6) Other, (7) Native Hawaiian or other Pacific Islander
- ETHNICITY (optional):** (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 to You
		M	F					
								SELF
Total persons in household								

**DPW USE ONLY**

CRISIS     CASH

Application Registration Number \_\_\_\_\_

County \_\_\_\_\_

District \_\_\_\_\_

Record Number \_\_\_\_\_

Caseload Number \_\_\_\_\_

Rejected     Approved

Date \_\_\_\_\_

**Apply online at [www.compass.state.pa.us](http://www.compass.state.pa.us)**

6 Does anyone in your household receive financial assistance for a disability? 

Yes  No

7 Tell us about income for the people in your household. Please tell us about all income, before taxes and deductions.

Name of person with income	Kind of income	How much each month?
Name of person with income	Kind of income	How much each month?
Name of person with income	Kind of income	How much each month?
Name of person with income	Kind of income	How much each month?


**Income includes money from:** Employment, Veteran's Benefits, Unemployment Compensation, Black Lung benefits, Social Security, Support, Workers Compensation, Interest/Dividends, Rental Income, etc.

We will use the income information you send us to see how much you earn in one year. Please send one of the following:


If you receive regular monthly income such as Social Security, pension, salary or other income, send a copy of one check or a statement showing how much you get each month.

Send paystubs for 3 months if your income does not change much from month to month.

Send paystubs for 12 months if your income changes frequently.

8 Are You 

- Renting with heat not included  An owner or are you buying your home  
 Renting with heat included  Renting subsidized housing/Section 8 housing with heat included  
 A roomer  Other: \_\_\_\_\_

9 What is your main heating source? 


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

**This question** is asking about your main heating source, 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 as well as what type of fuel is used.

**Answer question 10 only** if you want payment sent to the vendor of your second heating source. A second heating source is used to operate your main heating source (in addition to the main fuel), or used if the main heating source is not working.

10 What is your second heating source - if any? 

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

Attach a copy of your last bill for your main and second heating sources.

11 Show the name and address of the utility company or fuel dealer to whom you want payment sent.

\_\_\_\_\_  
(Name of utility company or fuel dealer) (Account Number)  
\_\_\_\_\_  
(Street address) (City) (State) (Zip code)

## VOTER REGISTRATION

If you or any other adult in your household is not registered to vote where you live now, would you like to register to vote?      Yes      No  
 If yes, enter the names below. IF YOU DO NOT CHECK 'YES' OR 'NO', OR RETURN THIS FORM, YOU ARE CHOOSING NOT TO REGISTER TO VOTE AT THIS TIME.

**To register, you must: 1) Be at least 18 on the day of the next election; 2) Be a citizen of the United States for at least one month PRIOR TO THE NEXT ELECTION; 3) Reside in Pennsylvania and the voting district at least 30 days prior to the next election.**

LINE NO CAO ONLY	LAST NAME	FIRST NAME	LINE NO CAO ONLY	LAST NAME	FIRST NAME

**YOUR BENEFITS WILL NOT BE AFFECTED IF YOU REGISTER OR DO NOT REGISTER.**

If you need help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Please contact the Central Unit if you need help. If you believe that someone has interfered with your right to vote, or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120. (Toll-free telephone number 1-800-552-VOTE.)

**DO NOT COMPLETE: COUNTY ASSISTANCE OFFICE USE**

<input type="checkbox"/> Given to Client <u>  </u> / <u>  </u> / <u>  </u>	<input type="checkbox"/> Sent to voter registration <u>  </u> / <u>  </u> / <u>  </u>	<input type="checkbox"/> Mailed to Client <u>  </u> / <u>  </u> / <u>  </u>
<input type="checkbox"/> Declined, not interested <u>  </u> / <u>  </u> / <u>  </u>	<input type="checkbox"/> Not a U.S. citizen <u>  </u> / <u>  </u> / <u>  </u>	<input type="checkbox"/> Declined, already registered <u>  </u> / <u>  </u> / <u>  </u>

### Certification

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. My signature on this application gives my permission to the Department of Public Welfare 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) find out about the costs of my shelter, heating and heating use; and (c) complete any survey in connection with energy assistance.</li> <li>2. I authorize the release of limited information to approved agencies which provide other energy/weatherization assistance for which I may be eligible.</li> <li>3. I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.</li> <li>4. I know that if I give false information, I can be penalized by fine and/or imprisonment.</li> <li>5. I understand by signing this application, I may not qualify because LIHEAP money has run out.</li> </ol> | <ol style="list-style-type: none"> <li>6. If you fail to provide a Social Security Number or completed Energy Assistance Affidavit, you will not be eligible for benefits.</li> <li>7. I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application.</li> <li>8. I affirm that Pennsylvania is my legal residence.</li> <li>9. I understand any Social Security Number(s) given will be used in the administration of this program, including cross matches with other programs.</li> <li>10. 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.</li> <li>11. 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.</li> </ol> |
|---|--|

**Please Sign Here - Use Ink**

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DPW  
USE

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## Did you remember to...

- Send proof of all household income
- Send proof of heating responsibility  
(copy of bill, receipt, copy of lease, note from landlord)
- Note:** If you would like payment sent to your secondary heating provider, enclose a copy of your main and secondary heating bills.
- Fill out all required information clearly and completely.
- Provide Social Security Numbers for **all** household members, or complete the Energy Assistance Affidavit shown below.
- Address your envelope to your local county assistance office.
- Sign and date your application.
- Send proof of alien status, if applicable.

## ENERGY ASSISTANCE AFFIDAVIT

I, \_\_\_\_\_ of \_\_\_\_\_  
(NAME) (ADDRESS)  
\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, having made application to the Department of Public Welfare for financial assistance pursuant to the Energy Assistance Program, and

Recognizing that the Department of Public Welfare has requested my Social Security Number to cross check for fraud or duplication of payments, do hereby swear or affirm that

To the best of my knowledge I do not have a Social Security Number and am, therefore, unable to comply with the Department's request.

I am exercising my rights under Section 7 of the Privacy Act of 1974, and refuse to disclose my Social Security Number.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Worker