



LIHEAP

Low Income Home Energy Assistance Program

Lake Community Action Agency, Inc.
Services for Lake County Residents

FOR OFFICE USE ONLY	
<input type="checkbox"/> HOME ENERGY <input type="checkbox"/> SUMMER CRISIS <input type="checkbox"/> WINTER CRISIS <input type="checkbox"/> WEATHER RELATED	<u>APPOINTMENT DATE</u>
<input type="checkbox"/> DUKE <input type="checkbox"/> CLAY <input type="checkbox"/> LEE <input type="checkbox"/> MTD	<u>DATE COMPLETED</u>
EHEAP: YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE: _____
REFERRED WAP: YES <input type="checkbox"/> N/A <input type="checkbox"/>	

This Application cannot be processed unless it is completely filled out and signed by the applicant.

1. Give the following information for the applicant first, then for each person living in your home. If more than six persons live in your home, list the additional persons, giving the information on a separate sheet of paper and attach it to this form.

NAME (First, Middle, Last)	Age	Date of Birth	Relationship to Applicant	Social Security Number	Type of Income Documentation *	Total Annual Income	Disabled	
							Y	N
			Self					

*Type of income: Wages, Self-employment, Child Support, Unemployment Compensation, Retirement Benefits, VA Benefits, Social Security, SSI, TANF (AFDC), Food Stamps, Pensions, Alimony, etc.

2. Address where you are living:

_____, FL _____
 Street Number and Name, Apt or Lot Number City or Town Zip Code Lake County

3. Your mailing address, if different from above:

_____, FL _____
 Street Number and Name, Apt or Lot Number City or Town Zip Code County

4. Telephone number(s) where you can be reached:

_____ Home _____ Work _____ Other

5. Have you or any member of your household received LIHEAP OR EHEAP assistance in the last 12 months?
 Yes ___ No ___. If yes, complete the following: (LIHEAP Home Energy, Crisis, Disaster or EHEAP Crisis)

_____ Name of Agency _____ Type of Assistance _____ Date



6. If you are applying for LIHEAP Crisis Assistance, describe the crisis:

7. If your monthly household income is less than \$600 and no one in the household is receiving SNAP Assistance, explain how you pay for food, shelter, clothing, transportation and home utilities.

Client Signature: _____ **Date:** _____

8. Complete the following for your household:

Number of elderly persons 60 or older # _____
Number of disabled persons receiving SSI or SS # _____
Number of children 5 years of age or younger # _____

9. Indicate which of the following programs you are currently eligible for or are receiving assistance from:

- CSBG Weatherization Food Stamps
 TANF/Cash Asst. LifeLine and Link-up Florida (Telephone) None

10. Utility/Energy Company Information

Give the name, account number and telephone number of the company(s) you use to heat and/or cool your home:

Heating: _____
Utility/Energy Company Account Number Telephone Number

Cooling: _____
Utility/Energy Company Account Number Telephone Number

If your cost of home energy is included in your rent, give the name and telephone of your landlord.
Attach a copy of the bill or letter from your energy provider/landlord.

Utility/Energy Company or Landlord Account Number Telephone Number



11. If you share your living or mailing address with others who are not part of your home, list their names:

_____ ; _____ ; _____

12. If you or anyone in your home is not a U.S. Citizen or an alien lawfully admitted for permanent residence, list the name(s) and alien status under the Immigration and Naturalization Act below:

Name: _____ Alien Status: _____

Name: _____ Alien Status: _____

13. If you or any member(s) of your household are a member of an Indian Tribe, write the name(s) of the tribe below:

_____ ; _____ ; _____ ;

14. If you live in government subsidized housing, Section 8 housing, a dormitory, assisted living facility or adult foster home, list the name of the place: _____ (Provide lease agreement)

15. Do any of the following situations currently apply to you? (Check the appropriate box below.)

- My electric has been disconnected
- My current electric bill is delinquent
- I have a shut-off notice from the electric company
- Deposit (account # and deposit amount is required) Acct: # _____ Deposit Amount: _____
- None of the above currently applies to my household

Other:

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

CASEWORKER SIGNATURE

DATE

REVIEW/EDIT STAFF/SUPERVISOR SIGNATURE

DATE



ACKNOWLEDGEMENT PAGE

PLEASE READ CAREFULLY AND INITIAL BEFORE SIGNING THE APPLICATION

_____ **ACKNOWLEDGEMENT STATEMENT:** I am aware that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medical needy, children reside and/or to those that had not been previously assisted. I authorize the agency to make benefit payments directly to my energy supplier. I am also aware that after I have provided all the information requested, if I am applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application. If I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to an appeals hearing. I understand that if I do not receive an approval or denial letter within 45 days of applying for assistance, it is my responsibility to notify the agency.

_____ **FRAUD STATEMENT:** I certify under penalty of perjury that the information on this form is true to the best of my knowledge. I understand and agree that I may be subject to criminal prosecution or be disqualified from the program for knowingly providing incorrect and/or incomplete information and that I can be prosecuted if I provide false information. If any information is incorrect, benefits may be reduced, denied and/or eligible for reimbursement.

_____ **I UNDERSTAND AND AGREE:** That LCAA/LIHEAP will assist my household if I/we qualify and **funds are available.**

_____ **I UNDERSTAND AND AGREE:** That LCAA/LIHEAP **will reserve the right** to change the policy as needed due to program changes.

_____ **I UNDERSTAND AND AGREE:** That LCAA/LIHEAP **cannot assist my household if the lease or mortgage is not in my name.**

_____ **I UNDERSTAND AND AGREE:** That LCAA/LIHEAP **cannot assist my household if the utility bill is not in my name, or any persons living in the household without a signed Utility Agreement.**

_____ **I UNDERSTAND AND AGREE:** That LCAA/LIHEAP **is not responsible for any fees or additional charges.**

APPLICANT'S SIGNATURE

DATE

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CASEWORKER SIGNATURE

DATE

REVIEW/EDIT STAFF/SUPERVISOR SIGNATURE

DATE