

## 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 for the head of household.

Name (Include Last, First, Middle Initial)		Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	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	Citizenship*	Race (Optional)*	Ethnicity (Optional)*	Are you currently receiving Cash, Medical Assistance or SNAP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Use the codes from page 2 to help provide the details.

**2** Do you read, write and understand English?  Yes  No If no, what language? \_\_\_\_\_  
Phone number where you can be reached ( ) \_\_\_\_\_ - \_\_\_\_\_

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

**4** 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
Address (Include Street, City, State & Zip Code+4)	

**5** Are You:

<input type="checkbox"/> Renting with heat included	<input type="checkbox"/> Renting subsidized housing/Section 8 housing with heat included
<input type="checkbox"/> Renting with heat <b>not</b> included	<input type="checkbox"/> Renting subsidized housing/Section 8 housing with heat <b>not</b> included
<input type="checkbox"/> An unrelated roomer	<input type="checkbox"/> An owner or are you buying your home <input type="checkbox"/> Other: _____

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

(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.)

DPW USE ONLY	
<input type="checkbox"/> CRISIS	<input type="checkbox"/> CASH
Application Registration Number	
County	
District	
Record Number	
Worker I.D.	
<input type="checkbox"/> Rejected	<input type="checkbox"/> Approved
Date	



Apply online at [www.compass.state.pa.us](http://www.compass.state.pa.us)  
Pennsylvania's Fast And Easy Way To Apply For Your  
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

**6** What is your main heating source? This question is asking about your main heating source, the one that heats your home. Attach a copy of your last bill. See Instructions on last page. 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.

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

**▶ Answer question 7 only** if you want payment sent to the vendor of your second heating source. A second heating source is used to run your main heating source in addition to the main fuel (example: electricity to run a gas furnace), or used if the main heating source is not working.

**7** What is your second heating source - if any?

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

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

**8** 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. See instructions on the last page.

Use the codes below to help provide the details for all individuals in your household. Use additional sheets if needed.

**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, (7) Native Hawaiian or other Pacific Islander. List all groups that apply.

**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	Do you receive Cash, MA, or SNAP benefits? *Yes/No
		M	F						
Total persons in household ▶		*If yes, you must complete question 9.							

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.

**9** Complete question 9 only if someone listed above is receiving Cash Assistance, Medical Assistance or Supplemental Nutrition Assistance Program, SNAP benefits.

Has your income stayed the same in the last 3 months?    Yes    No

May we use the information you gave us for your other benefits to determine your eligibility for LIHEAP?    Yes    No

If you answered **yes** to both questions and everyone in your house is receiving Cash, MA or SNAP benefits, **you do not need to complete question 10.** If you have answered **no** to either question, or if there are household members not receiving Cash Assistance, MA or SNAP benefits, complete block 10.

**10** 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	Start Date	Date of First Paycheck	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?

**Attach proof of income for all household members listed for the past 3 months or 12 months.** If you provide 3 months of income, this amount will be converted to a yearly figure.

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

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

- **Send proof for one month of income if your income is the same every month (Salary, Social Security, Pension, etc).**
- **If the amount of your income is not the same every month, please send proof of your income for the last three months.**
- **If you had changes in income over the past 12 months (Periods of Unemployment, Changes in Jobs, Seasonal Work, etc.), send proof of your income for the past 12 months.**
- **If you have no income for the past three months, or if your income is less than the cost of your monthly basic living needs, you must tell us in writing how you are paying for your basic living needs (Food, Shelter, Personal Items, etc).**
- **Proof of income includes (Pay Stubs, Award Letters, Employer Statements, etc).**

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

12 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? \_\_\_\_\_

13 Is anyone in the U.S. Military or has anyone been in the U.S. Military?  Yes  No  
If yes, who? \_\_\_\_\_  
Is anyone a widow, spouse or child (under age 18) of anyone in the U.S. Military or anyone who has been in the U.S. Military?  Yes  No  
If yes, who? \_\_\_\_\_

## Certification

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.
2. If you fail to provide a Social Security number or completed Energy Assistance Affidavit, you will not be eligible 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  
  
\_\_\_\_\_ Print Name                      \_\_\_\_\_ Print Name
3. I authorize the release of limited information to approved agencies which provide other energy/weatherization assistance for which I may be eligible.
4. I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application.
5. I affirm that Pennsylvania is my legal residence.
6. I understand any Social Security number(s) given will be used in the administration of this program, including cross matches with other programs.
7. 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.
8. 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.
9. I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.
10. I know that if I give false information, I can be penalized by fine and/or imprisonment.
11. I understand by signing this application, I may not qualify because LIHEAP money has run out.

**Please Sign Here - Use Ink**

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Did you remember to...

- |   |  |
|---|--|
| <input type="checkbox"/> Fill out all required information clearly and completely.  | <input type="checkbox"/> Send proof of all household income.<br><b>Example:</b> If you apply in November 2011 and are sending: <ul style="list-style-type: none"> <li>a) one month of income, send proof for October 2011.</li> <li>b) three months of income, send proof for August, September and October 2011.</li> <li>c) 12 months of income, send proof for November 2010 through October 2011.</li> </ul> |
| <input type="checkbox"/> Provide Social Security numbers for <b>all</b> household members or complete the Energy Assistance Affidavit in the Certification section on previous page.  | <input type="checkbox"/> Send a statement explaining how your household pays for basic living needs (food, rent, etc.) only if you told us you have no income, or if your income is less than the cost of your monthly basic living needs.   |
| <input type="checkbox"/> Send proof of immigration status if you are a non-U.S. citizen.  | <input type="checkbox"/> Sign and date your application.   |
| <input type="checkbox"/> If you rent with heat included, send a copy of your lease or a signed, written statement from your landlord explaining how you pay for heat.   | <input type="checkbox"/> Mail your completed application and all documents to your local county assistance office.   |
| <input type="checkbox"/> If you pay for heat, send a bill for your main heating source. Attach copy of your utility bill dated within 2 months of the date you submit your application. For other fuels provide a bill/receipt dated after January 1, 2011. |  |
| <input type="checkbox"/> If you would like payment sent to your secondary heating provider, enclose a copy of your main <b>AND</b> secondary heating bills.   |  |

**PROOF INCLUDES PAY STUBS, AWARD LETTERS, EMPLOYER STATEMENTS, ETC.**

**IF YOU DO NOT SEND THE PROOF WE NEED WITH THIS FORM, WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.**

## Voter Registration (Optional)

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 THE 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 county assistance office 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 1-877-VOTESPA.)

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

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



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 at **1-800-451-5886**.

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