



LIHEAP \_\_\_\_\_ Application # \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

_____ for a/an _____ Benefit up to \$ _____	
Vendor: _____	Copay: _____
_____	Other Sources: _____
Phone: _____	
Account Number: _____	<b>*This is not a Voucher*</b>
Name on Account: _____	*Denied - See Notice of Denial for Reason
	*Approved - Voided after 60 days
	*Pending - Denied after 5 days

**Eligibility Criteria**

Housing: \_\_\_\_\_ Subsidized  
 \_\_\_\_\_ Non-subsidized

Liquid Resources: \$ \_\_\_\_\_

Client Situation: \_\_\_\_\_

Household Members	Identification	Income Type & Amount

**Electric and Main Heating Fuel (for reporting only)**

Electric Vendor \_\_\_\_\_

Account # \_\_\_\_\_

Name \_\_\_\_\_

Heating Fuel \_\_\_\_\_

Vendor \_\_\_\_\_

Account # \_\_\_\_\_

Name \_\_\_\_\_

Household Size: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ Annual Income: \_\_\_\_\_

(\_\_\_\_\_ of Federal Poverty Guidelines)

<p><b>Crisis Situation</b></p> <p>\$ Needed to Alleviate Crisis: _____</p> <p>((_____ x \$_____ + \$_____))</p>
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By signing the Application, I certify to each of the following statements:

- The information provided for the Application is accurate and I have received a copy of the Notice of Appeal.
- I understand that the receipt of assistance from this Program through misrepresentation is punishable by fine or imprisonment.

By signing the Application, I also agree to each of the following statements:

- I have been provided with a list of defined terms used in the LIHEAP Program Application in the Notice of Appeal.
- I authorize the Disclosure of Confidential Information among Data Recipients and am hereby requesting Disclosure in connection with this Application. The Data Recipients have a direct, tangible, legitimate interest in the Data Subjects and the sharing of records and Confidential Information is necessary in the performance of a legitimate government function. I am authorized to give this consent on behalf of all of the Data Subjects.
- I am authorized to complete and submit this Application, including submitting certain Confidential Information and providing a release, on behalf of all of the Data Subjects.
- Each Data Recipient is held harmless and is released from any claim, loss, demand, damage, and liability of any kind from each of the Data Subjects in connection with sharing of Confidential Information.
- I accept Weatherization services as available to reduce my home heating costs.
- I authorize my Data Recipient to provide notification of any breach or suspected breach involving Confidential Information by e-mail at the following email address: \_\_\_\_\_. I will notify the CAA if my e-mail address changes. I understand this is one possible method of notification and other method(s) of notification may be used.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date

Issued By: \_\_\_\_\_

Office: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ Worker Signature \_\_\_\_\_ Date