ពត៌មានសំខាន់អំពីជំនួយរយៈពេលខ្លី ផ្នែកនិងពន្លឺភ្លើង (ENERGY ASSISTANCE PROGRAM) ។ | 关于能源补助计划的重要消息 | Важные сведения о программе помощи при оплате счетов за энергию | Información importante sobre un programa de asistencia para el pago de energía | Thông báo quan trọng về chương trình trợ giúp năng lượng

# 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.**

YOUR NAME AND ADDRESS

Your county assistance office address

☐ CRISIS ☐ CASH

Application Registration Number

County

District

Record Number

Worker I.D.

☐ Rejected ☐ Approved

Date

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

## 1 Please complete this section for the head of household.

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

| Name (Include Last, First Middle Initial) | Date of Birth | Sex | 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 | Phone Number: | Citizenship* | Race (Optional)* | Ethnicity (Optional)* | Marital Status* |
|---|---|---|---|---|---|
| | | | | | |

| Are you currently receiving Cash, Medical Assistance, or SNAP Benefits? | ☐ Yes ☐ No | If yes, may we use the income you have on file for this application? | ☐ Yes ☐ No |
|---|---|---|---|

## 2

Do you read, write and understand English? ☐ Yes ☐ No If no, what language? _____

## 3

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

## 4 Show the name, address, account number, and name on the account 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) | Name on Account |

## 5 Are You:

☐ Renting with heat included
☐ Renting with heat **not** included
☐ An unrelated roomer
☐ Renting subsidized housing/Section 8 housing with heat included
☐ Renting subsidized housing/Section 8 housing with heat **not** included
☐ An owner or are you buying your home
☐ Other: _____

## 5a

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.)

COMPASS
CLICK. APPLY. BENEFIT.

**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 or is used if the main heating source is not working. Attach a copy of your last bill. If you do not have a bill yet, 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 ☐ Blended Fuel ☐ Wood/Other

**7** Are you currently without your main heating source or within 15 days of being without heat? ☐ Yes ☐ No

If **yes**, please explain: _____

▶ **Answer question 8 only** if you want payment sent to the vendor of your second heating source.

**8** What is your secondary heating source - if any? 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).

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

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

**9** Are you currently without your secondary heating source or within 15 days of being without heat? ☐ Yes ☐ No

If **yes**, please explain: _____

**10** If you did not list your electric company as the company to receive your LIHEAP payment, please show the name and account number of your electric company.

| NAME OF ELECTRIC COMPANY | ACCOUNT NUMBER |
|---|---|
| | |

**11** 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 each individual in your household.

**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

**MARITAL STATUS***: (1) Single, (2) Married, (3) Common Law Marriage, (4) Separated, (5) Divorced, (6) Widow/Widower

| Name (Include Last, First, Middle Initial) | Birthdate (MM/DD/YY) | Sex M/F | Social Security Number | Citizenship* | Race* (Optional) | Ethnicity* (Optional) | Marital Status * | Relationship to You |
|---|---|---|---|---|---|---|---|---|
| Person 1 | | | | | | | | |
| Does this person receive Cash, MA, or SNAP benefits? ☐ Yes ☐ No | | | If yes, may we use the income you have on file for this application? ☐ Yes ☐ No | | | | | |
| Name (Include Last, First, Middle Initial) | Birthdate (MM/DD/YY) | Sex M/F | Social Security Number | Citizenship* | Race* (Optional) | Ethnicity* (Optional) | Marital Status * | Relationship to You |
| Person 2 | | | | | | | | |
| Does this person receive Cash, MA, or SNAP benefits? ☐ Yes ☐ No | | | If yes, may we use the income you have on file for this application? ☐ Yes ☐ No | | | | | |
| Name (Include Last, First, Middle Initial) | Birthdate (MM/DD/YY) | Sex M/F | Social Security Number | Citizenship* | Race* (Optional) | Ethnicity* (Optional) | Marital Status * | Relationship to You |
| Person 3 | | | | | | | | |
| Does this person receive Cash, MA, or SNAP benefits? ☐ Yes ☐ No | | | If yes, may we use the income you have on file for this application? ☐ Yes ☐ No | | | | | |
| Name (Include Last, First, Middle Initial) | Birthdate (MM/DD/YY) | Sex M/F | Social Security Number | Citizenship* | Race* (Optional) | Ethnicity* (Optional) | Marital Status * | Relationship to You |
| Person 4 | | | | | | | | |
| Does this person receive Cash, MA, or SNAP benefits? ☐ Yes ☐ No | | | If yes, may we use the income you have on file for this application? ☐ Yes ☐ No | | | | | |

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.

▶ **If you answered yes** for everyone in question 11, skip to question 13. **If you answered no** for anyone in question 11, complete question 12 for that person.

**12** **Tell us about income for the people in your household.** Please tell us about all income, before taxes and deductions. **Types/ sources of income include money from:** Employment, Veteran's Benefits, Unemployment Compensation, Black Lung benefits, Social Security, Support, Workers Compensation, Interest/Dividends, Rental Income.

| Name of person with income | Type/source of income | Start Date | Date of First Paycheck | How much each month? |
|---|---|---|---|---|
| Name of person with income | Type/source of income | Start Date | Date of First Paycheck | How much each month? |
| Name of person with income | Type/source of income | Start Date | Date of First Paycheck | How much each month? |
| Name of person with income | Type/source of income | Start Date | Date of First Paycheck | How much each month? |

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 of income for prior month. (Example: If you are applying in November, send in October. This income will be converted to a yearly figure.)**
- **If you had significant 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 month, 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).**

**13** Are you interested in being referred to a free weatherization service? Weatherization services include home insulation and heating system repair or replacement. ☐ Yes ☐ No

**14** 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? _____

**15** 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 Human Services 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) share information with my energy supplier and receive information from my energy supplier to allow DHS to obtain a record of my annual energy consumption, cost and billing information for purposes of program evaluation, operation, or reporting; and (c) complete any survey in connection with energy assistance.
2. If you fail to provide a Social Security number or fail to complete the Energy Assistance Affidavit below, you are ineligible for benefits.

**Energy Assistance Affidavit**

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

☐ The following household members are exercising their rights under Section 7 of the Privacy Act of 1974, and refuse to disclose their Social Security Number or may be unable to because they are a victim of domestic violence:

_____ 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

**Apply online at www.compass.state.pa.us**

# Did you remember to...

****Starting November 2, 2015 if you are without heat or in danger of being without heat, contact your CAO.**

- ☐ Fill out all required information clearly and completely.
- ☐ Provide Social Security numbers for **all** household members or complete the Energy Assistance Affidavit in the Certification section on page 3.
- ☐ Send proof of immigration status if you are a non-U.S. citizen.
- ☐ 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.
- ☐ 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, 2015.
- ☐ If you would like payment sent to your secondary heating provider, enclose a copy of your main **AND** secondary heating bills.
- ☐ Send proof of all household income.

  **Example:** If you apply in November 2015 and are sending:

  a) one month of income, send proof for October 2015.

  b) 12 months of income, send proof for November 2014 through October 2015.

  **PROOF INCLUDES PAY STUBS, AWARD LETTERS, EMPLOYER STATEMENTS, ETC.**
- ☐ 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.
- ☐ Sign and date your application.
- ☐ Mail your completed application and all documents to your local county assistance office.

**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 are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ Yes ☐ No

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED 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.**

**Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.** If you would like help filling out the voter registration application 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 would like help. If you believe that someone has interfered with your right to register 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.)

**COUNTY ASSISTANCE OFFICE STAFF WILL COMPLETE THIS BOX BASED UPON YOUR RESPONSE ABOVE**

| | | |
|---|---|---|
| ☐ Given to Client __/__/__ | ☐ Sent to voter registration __/__/__ | ☐ Mailed to Client __/__/__ |
| ☐ Declined, not interested __/__/__ | ☐ Not a U.S. citizen __/__/__ | ☐ 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.**