WEST VIRGINIA Department of Health & Human Resources

West Virginia Department of Health and Human Resources (DHHR)

☐ Regular LIEAP
☐ Emergency LIEAP

APPLICATION FOR LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

I. IDENTIFYING INFORMATION

A. Name and Mailing Address of Applicant:

Name _____

Address _____

City _____ County _____

State _____ Zip _____ Phone _____

If you do not have a telephone, please supply the name of a relative or neighbor who will take a message for you.

Name _____ Phone _____

B. Check any benefit being received by you or a member of your household:
☐ SNAP Benefits ☐ WV WORKS ☐ Medicaid

C. Directions to your home: _____

_____

D. Race (check one or more):
☐ White ☐ Black ☐ American Indian ☐ Asian

E. Ethnicity: ☐ Hispanic ☐ Non-Hispanic

If other race, please explain: _____

_____

F. List the following information about yourself (Applicant) and ALL persons in your household. This includes family members and all others living under the same roof:

Full Name	Is this person a U.S. Citizen?	Birth Date mm/dd/yy	How is this person related to the Applicant?	Social Security Number	Total Monthly Income Before Deductions	
					Source or Name of Employer	Amount
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

II. HOME HEATING INFORMATION

Instructions: Please check the correct box which applies to your household after each question and enter written statements where required.

A. What is your current living arrangement?

☐ House/apartment/mobile home ☐ No shelter/homeless
☐ Institution ☐ Other (explain) _____

B. Is anyone in your household disabled or blind?

☐ Yes ☐ No

C. Do you or someone in your household pay for your home heating costs?

☐ Yes ☐ No
If yes, what is the average monthly cost? _____
If no, who pays? _____

D. How do you heat your home?
(Check the item which corresponds to your primary source of home heating.)

PLEASE CHECK ONLY ONE.

☐ Natural gas furnace
☐ Liquefied gas (petroleum, propane, etc.)
☐ Coal
☐ Wood or wood products
☐ Electric furnace
☐ Fuel oil or kerosene furnace
☐ Baseboard heat
☐ Space heater (type) _____
☐ Other _____

E. Main Heating Source (same source as Question D)
Company/Vendor _____
Account # _____
Is your heating source included in your rent?
☐ Yes ☐ No
Is the name on your heating bill different from the applicant's name?
☐ Yes ☐ No
If yes, what is the name?
First _____ Last _____
Do you share a main heating source with another household?
☐ Yes ☐ No

F. Electric
Company/Vendor _____
Account # _____
Is your electricity included in your rent?
☐ Yes ☐ No
Is the name on your heating bill different from the applicant's name?
☐ Yes ☐ No
If yes, what is the name?
First _____ Last _____
Do you share an electric meter with another household?
☐ Yes ☐ No

G. Do any of these apply to you today?
Already disconnected ☐ Yes ☐ No
Company name _____
Received a disconnect notice ☐ Yes ☐ No
Company name _____
Past due bill ☐ Yes ☐ No
Company name _____

Are you low on fuel/wood/coal (less than 3 days remaining)?
☐ Yes ☐ No
Are you out of fuel/wood/coal?
☐ Yes ☐ No
Non-working furnace/ boiler/heat system?
☐ Yes ☐ No

III. SIGNATURES AND STATEMENTS OF LIABILITY

Place a check in the appropriate block with each statement.

☐ Yes ☐ No — I certify that I have read or had read to me all statements on this form and I do understand all questions. I further certify that all information given is true and correct to the best of my knowledge.

☐ Yes ☐ No — I understand I may request a hearing if I am not satisfied with any decision of the local DHHR office in determining my eligibility for LIEAP or the amount of benefits approved, or if I feel that I have been discriminated against because of race, color, national origin, sex, age, religious or political beliefs, or because I am disabled, that I may be represented by an attorney at a fair hearing but that DHHR or any of its authorized representatives will not pay for these legal services; and that LIEAP intake will close without prior notice.

☐ Yes ☐ No — I understand that I may be asked to provide additional information or verify any or all information entered on this application form and that I will cooperate by providing such information as required in determining my eligibility for LIEAP; and I authorize DHHR to use and share all such information with other agencies, organizations, or entities to verify eligibility for LIEAP and the amount of benefits.

☐ Yes ☐ No — I understand that the date of application is the date I submit the completed form along with all required verifications and information, and that missing information may result in delay and/or denial of LIEAP benefits.

☐ Yes ☐ No — I give my consent for my heating and electric companies to give data about my account and energy usage to the West Virginia Department of Health and Human Resources (DHHR), contractors for the Low Income Energy Assistance Program (LIHEAP) and the Weatherization Program.

☐ Yes ☐ No — I understand that if I knowingly provide false or fraudulent information that is used in connection with the eligibility determination for LIEAP, I may be subject, upon conviction, to fines or imprisonment or both. I understand I will be required to repay benefits received to which I am not entitled and that my failure to repay such benefits may result in loss of future LIEAP benefits.

☐ Yes ☐ No — I agree and authorize any bank, financial institution, governmental agency or department, corporation, business concern or person to furnish any information which relates to my eligibility for and receipt of LIEAP to DHHR or any of its authorized representatives and understand DHHR may use or share such information to verify my eligibility for and the amount of benefits.

☐ Yes ☐ No — I understand that I will be notified in writing within 30 days from the date my completed application is received by DHHR of the decision made on my application and that I may request a hearing if I have not been notified within 30 days. If I receive a direct payment, I understand it must be used to pay for the cost of primary home heating and that a receipt which verifies my payment for this must be submitted with my application for Emergency LIEAP. I understand that if I am found eligible, I am entitled to only one Regular LIEAP payment and one Emergency LIEAP payment during the LIEAP season.

MAIL THIS APPLICATION TO YOUR LOCAL DHHR OFFICE ONLY - NOT TO YOUR HEATING SUPPLIER. YOU MAY ALSO TAKE IT TO YOUR LOCAL COMMUNITY ACTION AGENCY OR SENIOR CENTER.

PLEASE PROVIDE YOUR ELECTRIC BILL and/or YOUR MAIN HEATING SOURCE BILL WITH THIS APPLICATION.

Your Signature _____ Date _____

Signature of Person Who Helped You Fill Out This Form _____ Date _____

This application cannot be processed unless all information requested has been entered or attached and it is signed and dated by you and the person who assisted you.

IV. FOR DHHR AND OTHER AGENCY USE ONLY

IMPORTANT: The Worker **MUST** ensure this section is completed in its entirety in order for the application to be complete

Application Received Date: _____ How Received:
- ☐ Through Mail (DHHR Only)
- ☐ Office Visit to DHHR
- ☐ Visit to Other Agency

Name of Other Agency Which Received the Application: _____

A. Did application include required verifications as specified on instruction sheet? ☐ Yes ☐ No

Indicate how income was verified, as appropriate:

_____

_____

_____

B. Was additional verification requested? ☐ Yes ☐ No

Indicate date application was considered complete: _____

_____ _____

Signature & Title of Worker from Other Agency | Date

C. Was application complete? ☐ Yes ☐ No

If no, what was missing? _____

_____

Incomplete applications will be denied unless Applicant supplies missing information within 10 days or Worker is able to obtain the information within the 10-day period.

D. Date of Application: _____ Date of Decision: _____

E. Date entered in RAPIDS: _____ Decision: ☐ Approved ☐ Denied

The date of application is the date the form is received by DHHR or the other agency, or date postmarked if received after LIEAP closes. For emergency Regular LIEAP and Emergency LIEAP, contact with the fuel supplier must be made before approving payment but not before determination of eligibility is completed.

F. Recording (must include account number, account name, and vendor number in CMCC):

_____

_____

_____

_____

G. BIRS completed for Regular LIEAP? Check IQPS to make sure payment is scheduled.

_____ _____

DHHR Worker's Signature | Date