ARKANSAS ENERGY OFFICE
ARKANSAS HOME ENERGY ASSISTANCE PROGRAM
APPLICATION

If you need this material in a different format, such as large print,
CONTACT YOUR LOCAL COMMUNITY ACTION AGENCY

FOR AGENCY USE ONLY			REGISTER NUMBER(S)
	Application Date		Regular Assistance
	Application Time		Crisis Intervention
	a.m.	p.m.	
	Disposition Time Limit		CARES Act
	☐ 18 Hours	☐ 72 Hours	
	Interviewer	Method	Date

- **You must apply through the CAA serving the county in which you live.**
- **Complete all sections and attach requested documentation; <u>failure to do so will delay processing of your application.</u>**
- **<u>Do not use white-out;</u> cross-outs/strikethroughs are accepted**.

Affordable Care Act (ACA) – The comprehensive health care reform law was enacted in March 2010. The law has 3 primary goals; 1) Make affordable health insurance available to more people. The law provides consumers with subsidies ("premium tax credits") that lower costs for households with incomes between 100% and 400% of the federal poverty levels; 2) Expand the Medicaid program to cover all adults, 19 – 64 years of age with income below 100% of the federal poverty level and 3) Support innovative medical care delivery methods designed to lower the costs of health care generally.

FOR MORE INFORMATION GO TO HEALTHCARE.GOV OR CALL 1-800-318-2596

What utility do you need assistance with?

☐ Gas ☐ Electricity ☐ Propane ☐ Other ____________________

● 1. APPLICANT – PLEASE PUT YOUR NAME AND INFORMATION HERE

Last Name		First Name		Middle Name
Mailing Address		City	State	Zip Code
Street or Service Address (**MUST BE LISTED**)		City	State	Zip Code
Social Security Number	Phone Number	County of Residence	Sex ☐ Male ☐ Female	Date of Birth

Age	Do you have a Disability?	RACE
	☐ Yes ☐ No	☐ White ☐ Black ☐ Spanish American/Hispanic ☐ Oriental; Asian or Pacific Islander ☐ American Indian or Alaskan Native ☐ Other ☐ Unknown

● 2. OTHER HOUSEHOLD MEMBERS – DO NOT INCLUDE YOURSELF

Please list the **other** persons living in your household but not yourself. Please complete all items. (Please list additional members on a separate sheet).

Name	Relationship to you	Date of Birth	Age	Race	Social Security Number	Disabled? Yes	No
1.							
2.							
3.							
4.							
5.							
6.							
7.							

● 3. HOUSEHOLD INCOME

A. **WORK INCOME** - List anyone in your household who has work income (Includes self-employment, babysitting; etc.?)

WHO IS EMPLOYED	HOW OFTEN PAID	GROSS AMOUNT LAST MONTH	EMPLOYER NAME	YOU MUST ATTACH COPIES OF LAST MONTH'S PAY STUBS
1.				
2.				
3.				

B. **EMPLOYMENT –** When were you or any member of your household age 18 or older last employed? **NOTE:** If you are no longer employed, or have not worked in the past 6 - 12 months; Please provide documentation that unemployment benefits are not being received.

NAME	WHERE	WHEN
1.		
2.		

C. **NON-WORK INCOME** – List anyone in your household who receives any of the following:

Social Security Income; (SSA) Supplemental Security Income (SSI); Supplemental Security Disability Income (SSDI); TEA; Alimony; Unemployment benefits; Worker's Compensation; Veterans Benefits; Retirement Benefits; Housing Utility Assistance Payment; any other non-work income (please describe):

WHO RECEIVES IT?	HOW OFTEN PAID	GROSS MONTHLY AMOUNT	NON-WORK INCOME FROM (SSA, RETIREMENT, ETC.)	YOU MUST ATTACH DOCUMENTATION FOR ALL NON-WORK INCOME
1.				
2.				
3.				

D. **RESOURCES** – Does anyone in your home have any of the following?

RESOURCES	YES	NO	AMOUNT	WHERE	NAME(S) OF PERSON
Cash on hand					
Checking Account					
Other Bank Accounts					
CD					
Other Resources (list)					

CRISIS APPLICANTS ONLY: If your household is in need of crisis assistance, please indicate below:

☐ I have a past due balance on a utility bill. ☐ HEATING ☐ ELECTRICITY
☐ My home energy utility has been disconnected. ☐ HEATING ☐ ELECTRICITY
☐ I have received notice that my home energy utility will be disconnected. ☐ HEATING ☐ ELECTRICITY
☐ My heating fuel is at or below 10% of the tank capacity and the fuel supplier will not deliver additional fuel without payment.
☐ I have 3 week's supply or less heating fuel (wood, coal, or other heating fuel not kept in a tank) and the fuel supplier will not deliver additional fuel without payment.
☐ I have received an eviction notice which is partly due to my failure to pay my heating and/or electricity expenses to my landlord.
☐ I need assistance to pay a deposit to have my utility connected/reconnected: ☐ HEATING ☐ ELECTRICITY

Is your **crisis** situation life-threatening? ☐ YES ☐ NO If yes, please explain in detail. ____________________

____

● 4. UTILITY/RENT INFORMATION

Do you ☐ **Rent** or ☐ **Own** your home?

RENTERS ONLY – Is your energy cost included in your rent payment? ☐ YES ☐ NO

If Yes, please attach a copy of your lease that indicates utilities are included in your rent and provide the **name and phone number** of your Landlord. ____________________ ____________________

LANDLORD'S NAME LANDLORD'S PHONE

Check (√) the **primary** or **main** fuel used to heat (not light) your residence **CHECK ONLY ONE**.

☐ Natural Gas ☐ Electricity ☐ Fuel oil or kerosene ☐ Propane, Butane, LP, or PPG (in a bottle or tank) ☐ Wood or Coal

Check (√) the **secondary** or **other** fuel used to heat (not light) your residence **CHECK ONLY ONE**.

☐ Natural Gas ☐ Electricity ☐ Fuel oil or kerosene ☐ Propane, Butane, LP, or PPG (in a bottle or tank) ☐ Wood or Coal N/A

● 5. HOME ENERGY SUPPLIER INFORMATION

Complete the following Section to show your Energy Suppliers (gas, electric, propane, etc.)

You must complete information on **BOTH** - GAS AND ELECTRIC AND include copies of **EACH** bill.

My residence is ALL ELECTRIC ☐ YES ☐ NO

List Name of Gas, Propane, or Wood Supplier: ____________________ Account Number: ________________

Is the account closed? ☐ YES ☐ NO

Annual Propane Cost: $ ________ (Previous heating cost 12 Months prior to the date of Application).

If your heating bill is **not** in your name, whose name is the account in? ____________________

Does this person live with you? ☐ YES ☐ NO

List Name of Electric Supplier: ____________________ Account Number: ________________

Is the account closed? ☐ YES ☐ NO

If your electric bill is **not** in your name, whose name is the account in? ____________________

Does this person live with you? ☐ YES ☐ NO

● 6. VERIFICATION OF IDENTITY

LIHEAP Policy requires applicants for HEAP to provide additional documents with each LIHEAP application.
A **READABLE COPY** of one of the following VALID identifications must be provided.

1. Arkansas Driver's License
2. Birth Certificate or similar document
3. Work or school identification card
4. Identification card for health benefits or other assistance
5. Voter registration card
6. Pay check stubs containing the name of the person

Any document that reasonably establishes the applicant or authorized representative's identity will be accepted.

● 7. WEATHERIZATION SERVICES (WAP)

NOTE: This is **not** an application for Weatherization services.

Would you like to be referred for home Weatherization? ☐ YES ☐ NO If yes, may LIHEAP share your application with WAP? ☐ YES ☐ NO

Are you interested in the Air Conditioning Program? ☐ YES ☐ NO

● 8. APPLICANTS RIGHTS AND RESPONSIBILITIES

PLEASE BE SURE THAT YOU HAVE SIGNED YOUR NAME IN THE SPACE PROVIDED BELOW FOR SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE. **FAILURE TO SIGN AND DATE THE APPLICATION WILL DELAY THE PROCESSING OF YOUR LIHEAP APPLICATION**

I understand that I have the right to appeal any decision regarding this application which I consider improper, and also any delay in decision or delivery of services.

I understand that I must help establish my eligibility by providing as much information as I can about my circumstances.

I authorize the contracted agency to release information relating to my application for LIHEAP to my Energy Supplier(s) to determine eligibility. I give permission to the Arkansas Energy Office (AEO) to use information provided on this form for purposes of research, evaluation and analysis of the program.

I understand that my utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the LIHEAP office maintains the confidentiality of the data or uses the data as authorized by you.

I declare that all members of my household are legal residents of the United States.

I understand that no person may be denied assistance on the basis of race, color, sex, age, handicap, religion, national origin, or political belief.

I understand that my signature on this application authorizes the agency to make any investigation concerning me or any household member and/or use a copy as a release of information for securing information needed to determine my eligibility for services.

I understand that if I receive assistance to which I am not entitled as a result of withholding information or knowingly providing false or fraudulent information regarding my circumstances, I must repay the cost of any assistance and may face penalty of criminal prosecution.

The information given on this application is true to the best of my knowledge and belief. I understand that this form is signed subject to penalties for perjury.

Signature of Applicant (must be same person listed in Section 1, page 1) or Authorized Representative	Date	Witness, if signed by mark	Date
Signature of Person Helping To Complete this Form	Date	Address of Witness	

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1. CRISIS SITUATION: Verification must be attached

☐ Past due balance on bill

☐ Notice of imminent disconnection

☐ Disconnected ☐ Eviction Notice

☐ 10% or less of tank capacity and supplier refused delivery

☐ Other (specify) ____________

MINIMUM AMOUNT REQUIRED

a. Past due for energy $ ____________
b. Connection fee $ ____________
c. Reconnection fee $ ____________
d. Deposit $ ____________
e. Minimum delivery $ ____________
f. Tank rental $ ____________
g. Other (specify) $ ____________
____
h. Total amount needed $ ____________

COMMENTS: ____________

2. CIP BENEFIT COMPUTATION:

a. Minimum amount necessary to alleviate crisis situation? $ ____________
b. Amount of Regular Assistance Available? $ ____________
c. Net amount necessary? $ ____________
d. CIP available? $ ____________
e. CARES Act Available? $ ____________
f. Additional amount necessary $ ____________
g. If f. is more than $0, explain how the household or other source will furnish the additional amount necessary.

____

DATE: ____________ HH SIZE: ____________

WORKER:

A. BUDGET: **1.** Income Month ____________

☐ Month of Application
☐ Month prior to application

2. **Total GROSS: (Earned Income)** $ ____________

3. **NET** (Earned Income) **80% Gross** $ ____________

4. **Unearned Income**

Social Security $ ____________

Supplemental Security Income (SSI) $ ____________

Trans. Employment Asst. (TEA) $ ____________

Veterans Affairs (V A) Benefits $ ____________

Other $ ____________

5. Total Unearned Income $ ____________

6. **Monthly Countable Income (3 & 5)** $ ____________

B. DISPOSITION ☐ Regular ☐ Crisis ☐ CARES

1. Previous Application ☐ YES ☐ NO Register # ____________
2. ☐ Confirmed that the household has not been approved for Regular or Crisis program.
3. ☐ Approved ☐ Denial ☐ Withdrawn
4. Disposition Date:
Regular: ____________ CIP ____________ CARES ____________
5. Benefit Amount:
Regular: CIP CARES

C. PAYMENT ☐ Regular ☐ Crisis ☐ CARES

1. Payee Supplier ____________
Supplier ____________
Supplier ____________
Applicant ____________

2. Assistance provided (Crisis only)
☐ Payment ☐ Verbal Obligation ☐ Specify

____

Date: ____________ Time: ____________ ☐ a.m. ☐ p.m.

3. Payment Date: ____________ Check #: ____________
4. Payment Date: ____________ Check #: ____________
5. Payment Date: ____________ Check #: ____________
6. Service Restored ☐ YES ☐ NO
7. Loss of Service Prevented ☐ YES ☐ NO

D. **WEATHERIZATION REFERRAL**

Application was referred: ☐ YES ☐ NO

If no, why? ____________

Applicant is an Agency Employee or Family Member? ☐ YES ☐ NO

Executive Directors' Signature: ____________