

**ARKANSAS
HOME ENERGY ASSISTANCE PROGRAM
APPLICATION**

APPLICATION: All Sections of this form must be completed in order to determine your eligibility. If you need help completing the form, please take it to your local agency. **YOU MUST APPLY AT THE AGENCY OFFICE WHICH SERVES THE COUNTY IN WHICH YOU LIVE.**

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

FOR AGENCY USE ONLY	
Application Date	
Application Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. (Crisis)
Register Number Regular Assistance:	
Register Number Crisis:	
Disposition Time Limit	<input type="checkbox"/> 18 hrs. <input type="checkbox"/> 48 hrs
Interviewed by:	Date:

Section 1: Applicant Information

Name	Last	First	Middle	Social Security Number
RACE	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Spanish American/Hispanic	Sex
	<input type="checkbox"/> Oriental, Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Male
	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown		<input type="checkbox"/> Female
Telephone/Message Number	County of Residence			
Mailing Address	City	State	Zip Code	
Street or Route Address (must be listed):	City	State	Zip Code	

Section 2: Resources Does anyone in your home have any of the following?

Resources	Y	N	Amount	Where	Name(s) of Person
Cash on hand					
Checking Account					
Other Bank Accounts					
IRAs, CDs					
Other Resources (list)					

Section 3: Income List income received last month from all persons listed in Section 8.

Source of Income	Y	N	Gross Pay (Before deductions)	How Often Received	Name of Person(s) Receiving
Employment, farming, Self-employment (list all jobs for all Individuals in Section 8).					
Miscellaneous income (part time work, Rental property, roomer or boarders, Contributions from friends/relatives, Insurance, etc).					
Retirement Benefits, SSI, TEA					
Child support, alimony, unemployment benefits, worker's compensation, student loans, grants, servicemen's allotments					
Social Security, Veterans benefits					
Food Stamps					
Housing Utility Assistance Payment					
All Other Income (List Below)					

Section 7: Weatherization Services

If money is available, would you like to be referred for home Weatherization? Yes _____ No _____

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

Section 8: Household Members: Please list **each** person living in your household including yourself. List each person's relationship to you, their date of birth and Social Security Number. (List additional members on a separate sheet).

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

SECTION 9: Applicants Rights and Responsibilities

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

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

I authorize the Agency to make any investigation concerning me or any household member necessary to establish my eligibility for assistance.

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 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.

I understand that my signature on this application authorizes the agency to use a copy as a release of information for securing information needed to determine my eligibility for services.

Signature of Applicant or Authorized Representative _____ Date _____

Witness, if Signed by Mark _____ Date _____

Signature of Person Helping To Complete this Form _____ Date _____

Address of Witness _____

PLEASE BE SURE THAT YOU HAVE SIGNED YOUR NAME IN THE BLOCK ABOVE FOR SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE.

DO NOT WRITE ON THE NEXT PAGE.



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

What is LIHEAP?

LIHEAP assists low income people, who qualify, with a utility bill. Clients must live in Arkansas and live in the county that they apply. Clients must meet income and resources.

2010 Income Guidelines

Household Size	Monthly Countable Income (\$)
1	\$1,354
2	\$1,821
3	\$2,289
4	\$2,756
5	\$3,224
6	\$3,691
7	\$4,159
8	\$4,626
9	\$5,094
10	\$5,561

*For each additional person in the household add \$468

Information you must have to apply for LIHEAP Assistance

1. Proof of all household income for the month prior to the month of application. This would include all check stubs, child support, unemployment compensation, housing utility assistance, SSI, SSA, TEA, VA and any retirement benefits. A current copy of income verification will be required with all applications.
2. Know the birth dates and social security numbers for all household members.
3. Have a copy of bill or shut off notice for which assistance is requested.
4. Have knowledge of resources such as amount of money in the bank, value of owned property, other assets, etc. Verification may be required.
5. Have current verification of any and all contributions from family and friends. If you have zero or inadequate income you will need written collateral statements verifying how you pay your bills.
6. Knowledge of where all household members are currently employed or where they were last employed and the date of last employment for all household members. Any unemployed household members 18+ must present verification of status of unemployment. For High School students 18 years or older a letter from the High School must be provided to verify their enrollment.
7. If both parents do not live in the home, you will need proof of whether or not child support is received.
8. If any subsidized housing is received, you will need proof of whether or not utility assistance is received.
9. Regular LIHEAP will not prevent a shut-off.

The agency has up to 35 days to process your application. Applications are processed as quickly as possible. No calls will be made to a utility company for the regular assistance program.

You will receive a Notice of Action by mail.

**Income proof must be from the source:
(example: Social Security or SSI you would need a copy of award letter; bank statement will not work)**