

**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

Has your home been weatherized? Yes No

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.

2012 Income Guidelines

Household Size	Monthly Countable Income (\$)
1	\$1,462
2	\$1,911
3	\$2,361
4	\$2,811
5	\$3,261
6	\$3,710
7	\$3,795
8	\$3,879
9	\$3,963
10	\$4,048
11	\$4,132
12	\$4,216
13	\$4,301
14	\$4,385
15	\$4,469
16	\$4,554
17	\$4,638
18	\$4,722
19	\$4,807
20	\$4,891

*For each additional person in the household over 20, add \$84

Information you must have to apply for LIHEAP Assistance

- **Proof of income for all household members 18 years or older for the previous month**
 - This includes all check stubs that have a pay date in the previous month.
 - If check stubs are not available, an earnings statement must be completed by your employer.
- **Proof of child support if both biological parents are not in the home**
 - You need to bring a child support statement from the Office of Child Support Enforcement.
 - This is required even if you do not receive any child support or have an open case
 - We also need a statement from DHS that states whether or not you receive TEA/Work Pays.
- **Proof of unemployment for all household members 18 years or older that are unemployed.**
 - This is required even if you do not receive any unemployment benefits.
 - You will need to go to the unemployment office and they can print out what you have or have not received in the last month. Please note that you will need 2 forms of ID to obtain printout.
 - If you have lost your job within the last 60 days we will need an unemployment printout in addition to a statement and any income that was received in the previous month.
 - If anyone is a full time student who is unemployed they will also need a letter from the schools declaring that he or she is a full time student.
- **Proof of Social Security, Retirement, Pensions, Workman's Comp or Disability**
 - You will need a copy of your award letter for the current year
 - We can not accept a copy of your bank statement
 - To request your SS or SSI award letter, go to www.socialsecurity.gov/beve or call 1-800-772-1213.
- **Proof of utility allowance**
 - If you live in government housing or receive rental assistance we need a letter from the Housing Authority that states whether or not you receive a utility reimbursement check
 - Even if you do not receive a reimbursement check each month we still need a letter from them stating you do not get one.
- **If you have no income**
 - We need proof of how you have been paying your bills. If someone has helped you we need a contribution statement completed from each person who helped you in the previous month.
 - We also need you to get an unemployment printout for all household members

We **MUST** have Social Security Numbers and Birthdates for **ALL** Household members