APPLICATION FOR UTILITY BILL ASSISTANCE

Note: This is not an entitlement program. If funds run out, benefits can not be paid.

COMPLETE THE APPLICATION AND ATTACH THE FOLLOWING DOCUMENTS

Incomplete application or omission of necessary documents will delay eligibility determination.

- ☐ **Proof of identity.** May include one of the following: ±alid driver's license or other government issued ID; health insurance card or employment ID; or birth certificate, if under age one (1).
- ☐ Social Security Number
  Social Security Card must be verified for new applicants
- ☐ Proof of ALL income listed on/with this application
  Copies of ALL heating and cooling bills
- ☐ Copy of lease agreement, if utilities are included in rent

SEND APPLICATION & REQUIRED DOCUMENTS TO:

DO NOT USE WHITE OUT. TO MAKE CHANGES, CROSS OUT AND RE-WRITE ANSWERS.

SECTION I: APPLICANT INFORMATION

Attach a copy of identification (e.g. driver's license). If a new applicant, attach a copy of Social Security card.

LAST NAME	FIRST NAME	MIDDLE
PHYSICAL ADDRESS	DO YOU RENT OR OWN YOUR HOME? ☐RENT ☐OWN	
CITY	STATE / ZIP CODE	COUNTY OF RESIDENCE
MAILING ADDRESS ☐ CHECK IF SAME AS PHYSICAL ADDRESS		
MAILING CITY	STATE / ZIP CODE	MOBILE NUMBER
EMAIL ADDRESS	ARE YOU EMPLOYED? ☐ YES ☐ NO	HOME/ALTERNATE PHONE #
SOCIAL SECURITY NUMBER (SSN)	AGE	
DATE OF BIRTH	DO YOU RECEIVE DISABILITY BENEFITS? ☐ YES ☐ NO	

RACE* ☐ American Indian or Alaska Native (1) ☐ Asian (2) ☐ Black or African American (3) ☐ Native Hawaiian or other Pacific Islander (4) ☐ White (5) ☐ Multi-race (6) ☐ Other (7) ☐ Undisclosed (8)

ETHNICITY* ☐ Hispanic, Latino, or Spanish Origins (A) ☐ Not Hispanic, Latino, or Spanish Origins (B)

GENDER* ☐ MALE ☐ FEMALE ☐ OTHER

**Race, Ethnicity, and Gender are used for statistical purposes only.*

FOR AGENCY USE ONLY		REGISTER NUMBER(S)
APPLICATION DATE:		
APPLICATION TIME:		
DISPOSITION TIME:	☐18 HOURS ☐48 HOURS	
INTERVIEWER:		
METHOD:		
DATE:		

SECTION II: ADDITIONAL HOUSEHOLD MEMBERS

*Provide information for **other** members of the applicant's household. List additional members on a separate sheet.*
DO NOT INCLUDE THE APPLICANT IN THIS SECTION.

	FIRST AND LAST NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	AGE	GENDER	RACE/ ETHNICITY* {EE PAGE ON9	RECEIVE DISABILITY? YES/NO	EMPLOYED? YES/NO	SOCIAL SECURITY NUMBER (SSN)
1									
H									
3									
4									
5									
6									
7									
8									
9									

SECTION III: HOUSEHOLD INCOME AND RESOURCES

WORK INCOME: List anyone in your household (18 and older) who has work income (includes self-employment, babysitting, and other odd jobs). List additional information on a separate sheet, if necessary. **ATTACH PROOF OF INCOME.**

NAME	HOW OFTEN PAID	GROSS AMOUNT LAST MONTH	EMPLOYER NAME

NON-WORK INCOME: List anyone in your household who receives any of the following and **ATTACH THIS PROOF OF INCOME:**
Alimony | Child Support | Housing Utility Assistance Payment | Retirement Benefits | Social Security Income (SSA) | Supplemental Security Income (SSI) | Supplemental Security Disability Income (SSDI) | TEA | Unemployment Benefits | Veteran's Benefits | Worker's Compensation | Any other non-work income

NAME	HOW OFTEN PAID	GROSS AMOUNT LAST MONTH	INCOME PROVIDER

LAST EMPLOYMENT: If you or any adult (18 or older) member of your household is unemployed at the time of this application, list the most recent employment below.

NAME	WHERE LAST EMPLOYED	WHEN EMPLOYMENT ENDED

RESOURCES: Does anyone in your household have any of the following? OTHER resources include assets that can easily be turned to cash, such as stocks and bonds or certificates of deposits (CDs)? Attach proof of these resources.

RESOURCES	YES / NO	AMOUNT	WHERE	INDIVIDUAL(S) NAME
CASH ON HAND				
CHECKING ACCOUNT				
OTHER BANK ACOUNTS/ CD'S				
OTHER RESOURCES	**YES / NO**	**AMOUNT**	**WHERE**	**INDIVIDUAL(S) NAME**
STOCKS / BONDS				
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SECTION IV: TYPE OF ASSISTANCE

Please select the utility or utilities with which you need help.

ENERGY ASSISTANCE

☐ Electricity ☐ Propane
☐ Natural Gas ☐ Wood
☐ Fuel Oil ☐ Other (specify): _____

Unless otherwise advertised, only electric energy assistance is available during the summer.

CRISIS DETERMINATION

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

Is your crisis situation **life-threatening?** ☑ YES ☐ NO

(If yes, please explain in detail here or on separate sheet.)

	CRISIS SITUATION	ELECTRIC	HEATING
☐	I have a past due balance on a utility bill.	☐	☐
☐	My home utility is disconnected. **DATE DISCONNECTED:**	☐	☐
☐	I have received notice that my home utility will be disconnected on:	☐	☐
☐	My heating fuel is at or below 20% of the tank capacity and the fuel supplier will not deliver additional fuel without payment.		☐
☐	I have three weeks' or less supply of heating fuel (wood, coal, or other heating fuel not kept in a tank) and the supplier will not deliver additional supply without payment.		☐
☐	I have received an eviction notice which is partly due to my failure to pay my electricity and/or heating charges to my landlord.	☐	☐
☐	I need assistance to pay a deposit to have my utility connected/reconnected.	☐	☐

SECTION V: HOME UTILITY SUPPLIER INFORMATION

ELECTRICITY SOURCE (REQUIRED OF ALL APPLICANTS)

ELECTRIC SUPPLIER'S NAME _____ **ACCOUNT NUMBER** _____

Whose name is the account in, if it is NOT yours? Is the account closed? ☐ YES ☐ NO

Does this person live with you? ☐ YES ☐ NO What is this person's relationship to you?

IS YOUR HOME ALL ELECTRIC? ☐ YES ☐ NO (if no, complete heating source information)

PRIMARY HEATING SOURCE (IF OTHER THAN ELECTRIC)

HEATING SUPPLIER'S NAME _____ **ACCOUNT NUMBER** _____

☐ NATURAL GAS ☐ PROPANE/BUTANE/ LPG ☐ FUEL OIL/ KEROSENE Is the account closed? ☐ YES ☐ NO

☑ WOOD ☐ OTHER: _____

Whose name is the account in, if it is NOT yours? _____

Does this person live with you? ☐ YES ☐ NO What is this person's relationship to you?

SECONDARY HEATING SOURCE (IF APPLICABLE)

HEATING SUPPLIER'S NAME _____ **ACCOUNT NUMBER** _____

☐ NATURAL GAS ☐ PROPANE/BUTANE/ LPG ☐ FUEL OIL/ KEROSENE Is the account closed? ☐ YES ☐ NO

☐ WOOD ☐ OTHER: _____

Whose name is the account in, if it is NOT yours? _____

Does this person live with you? ☐ YES ☐ NO What is this person's relationship to you?

SECTION VI: RENTER UTILITY INFORMATION (OWNERS SKIP TO SECTION VII)

If you are a renter **and your utilities are included in your rent,** provide your landlord's information.

LANDLORD'S NAME _____ LANDLORD'S PHONE _____

LANDLORD'S EMAIL _____

WHICH UTILITIES ARE INCLUDED IN YOUR RENT? (CHECK ALL THAT APPLY)

☐ ELECTRICITY ☐ NATURAL GAS

SECTION VII: ADDITIONAL SERVICES

WEATHERIZATION ASSISTANCE PROGRAM (WAP)

For more information, visit:
www.adeq.state.ar.us/energy/incentives/wap

- ☐ I want to be referred for weatherization services.
- ☐ I want to be referred for emergency HVAC repair or replacement only.

ASSURANCE 16 PROGRAM (A-16)

- ☐ I am interested in attending workshops to learn more about how to reduce my home energy needs and other life skills, such as prioritizing household expenses.

SECTION VIII: APPLICANT'S RIGHTS AND RESPONSIBILITIES

IF SUBMITTING A PAPER APPLICATION, IT MUST BE SIGNED AND DATED OR YOUR APPLICATION WILL BE DELAYED.

- I understand that my application will be shared with the providers of the above selected additional services.
- I understand the information on this application will be kept confidential and only be shared as indicated. No information will be sold, loaned, rented or otherwise disclosed except as indicated on this application.
- I understand that I have the right to appeal any decision regarding this application which I consider improper, any delay in decision or delivery of services, and any disagreement with benefit amount.
- I understand that I must help establish my eligibility by providing as much information as I can about my circumstances.
- I authorize the LIHEAP affiliate to share information relating to my application with my utility service provider(s) to determine my eligibility or benefit amount.
- I give permission to the Arkansas Energy Office (AEO) to use information provided on my application for purposes of reporting, research, evaluation, and analysis of the program.
- I authorize my utility supplier (s) to release my account information to Arkansas Energy Office (AEO) or its designee (s).
- 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 I have authorized.
- 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 verify information about me or any household member and/or use it as a release to secure 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 me and/or household members, 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.

Applicant's Signature	Date	Authorized Representative's Signature	Date