

# LIHEAP PARTICIPANT ASSESSMENT APPLICATION

**The application process begins the date your completed and signed application and all supporting documents are received.**

<b>Application Type</b>	<input type="checkbox"/> Energy Assistance ( <i>Low-Income Home Energy Assistance Program</i> )			
<b>Application Date</b>				
<b>Applicant Last Name</b>				
<b>Applicant First Name</b>		<b>Middle</b>		
<b>Mailing Address</b>				
<b>Mailing City</b>		<b>State</b>		<b>Zip Code</b>
<b>Residential Address</b>	<input type="checkbox"/> Same as Mailing Address <input type="checkbox"/> Other:			
<b>Residential City</b>		<b>State</b>		<b>County</b>
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>
<b>Okay to Email?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Email Address</b>	
<b>How would you like to receive your benefit notification?</b>	<input type="checkbox"/> Mail <input type="checkbox"/> Email			
<b>How did you hear about this program?</b>	<input type="checkbox"/> Letter from This Agency <input type="checkbox"/> Television Ad <input type="checkbox"/> Social Media Post by This Agency <input type="checkbox"/> Referred by Family/Friend <input type="checkbox"/> Email from This Agency <input type="checkbox"/> Radio Ad <input type="checkbox"/> Social Media Post by My Utility <input type="checkbox"/> Referred by Another Agency <input type="checkbox"/> Visit from This Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Community Event with this Agency <input type="checkbox"/> Referred by My Utility Company <input type="checkbox"/> Poster/Flyer <input type="checkbox"/> Other:			
<b>Household Type</b>	<input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Unknown <input type="checkbox"/> Two Parents w/Children <input type="checkbox"/> Single Parent, Male <input type="checkbox"/> Unrelated Adults <input type="checkbox"/> Other:			
<b>Number of Household Members</b>	Please count <u>all</u> persons living in your home			

<b>Household Members</b> - Please answer these questions for <u>everyone</u> in your home. Print another copy of this page to include other members if needed.				
<b>Relationship to HOH</b>				
<b>Name</b>				
<b>Date of Birth</b>				
<b>Social Security #</b>				
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>US Citizen</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Disabling Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Non-Cash Benefits</b> (Check <u>All</u> That Apply)	<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> SNAP (Food Stamps)
	<input type="checkbox"/> WIC	<input type="checkbox"/> WIC	<input type="checkbox"/> WIC	<input type="checkbox"/> WIC
	<input type="checkbox"/> Housing Choice Voucher (HUD Voucher)	<input type="checkbox"/> Housing Choice Voucher (HUD Voucher)	<input type="checkbox"/> Housing Choice Voucher (HUD Voucher)	<input type="checkbox"/> Housing Choice Voucher (HUD Voucher)
	<input type="checkbox"/> PSH (Permanent Supportive Housing)	<input type="checkbox"/> PSH (Permanent Supportive Housing)	<input type="checkbox"/> PSH (Permanent Supportive Housing)	<input type="checkbox"/> PSH (Permanent Supportive Housing)
	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> HUD-VASH
	<input type="checkbox"/> Childcare Voucher	<input type="checkbox"/> Childcare Voucher	<input type="checkbox"/> Childcare Voucher	<input type="checkbox"/> Childcare Voucher
	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Affordable Care Act Subsidy
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<b>Income Sources</b> (Check <u>All</u> That Apply)	<input type="checkbox"/> Wages	<input type="checkbox"/> Wages	<input type="checkbox"/> Wages	<input type="checkbox"/> Wages
	<input type="checkbox"/> Social Security	<input type="checkbox"/> Social Security	<input type="checkbox"/> Social Security	<input type="checkbox"/> Social Security
	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> VA Benefits
	<input type="checkbox"/> Child Support	<input type="checkbox"/> Child Support	<input type="checkbox"/> Child Support	<input type="checkbox"/> Child Support
	<input type="checkbox"/> Pension	<input type="checkbox"/> Pension	<input type="checkbox"/> Pension	<input type="checkbox"/> Pension
	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Unemployment
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> SSI	<input type="checkbox"/> SSI	<input type="checkbox"/> SSI	<input type="checkbox"/> SSI
	<input type="checkbox"/> AABD	<input type="checkbox"/> AABD	<input type="checkbox"/> AABD	<input type="checkbox"/> AABD
	<input type="checkbox"/> TANF	<input type="checkbox"/> TANF	<input type="checkbox"/> TANF	<input type="checkbox"/> TANF
	<input type="checkbox"/> Alimony	<input type="checkbox"/> Alimony	<input type="checkbox"/> Alimony	<input type="checkbox"/> Alimony
	<input type="checkbox"/> Annuity	<input type="checkbox"/> Annuity	<input type="checkbox"/> Annuity	<input type="checkbox"/> Annuity
	<input type="checkbox"/> Interest	<input type="checkbox"/> Interest	<input type="checkbox"/> Interest	<input type="checkbox"/> Interest
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<b>Housing Details</b> - Please provide details about your home				
<b>Housing Type</b>	<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Multi-family (1-3 Units)
				<input type="checkbox"/> Multi-family (4+ Units)
<b>Occupancy Status</b>	<b>Rent Subsidized?</b>	<b>Heat Included in Rent?</b>		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Fuel Details</b> - Please provide details on how you heat your home.				
<b>Primary Heat Source</b> (Select <u>one</u> )	<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal	<input type="checkbox"/> Propane (Delivered)	<input type="checkbox"/> Wood (Corded)
	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Propane (Small Bottles)	<input type="checkbox"/> Firelogs
				<input type="checkbox"/> Wood Pellets
				<input type="checkbox"/> Other:
<b>Primary Heat Vendor</b>	<b>Account Number</b>			
<b>Are you facing an emergency with your Primary Heat Source?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, my primary heat source has been disconnected <input type="checkbox"/> Yes, I am out of my primary heating fuel <input type="checkbox"/> Yes, I will be disconnected on: <input type="checkbox"/> Yes, I will run out of my primary heating fuel within 48 hrs.			
<b>Electricity Vendor</b>	<b>Account Number</b>			
<b>Are you facing an emergency with your electricity account?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, my electricity has been disconnected <input type="checkbox"/> Yes, I will be disconnected on:			
<b>Other Heat Source(s)</b> (Select all that apply)	<input type="checkbox"/> Electricity	<input type="checkbox"/> Oil	<input type="checkbox"/> Propane (Delivered)	<input type="checkbox"/> Wood (Corded)
	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Coal	<input type="checkbox"/> Propane (Small Bottles)	<input type="checkbox"/> Firelogs
				<input type="checkbox"/> Wood Pellets
				<input type="checkbox"/> Other:
<b>Other Heating Vendor(s)</b>	<b>Account Number(s)</b>			

<b>Heating/Cooling System(s) and Water Heater Details</b> - Please provide details about these systems within your home	
<b>Heating System Condition</b>	<input type="checkbox"/> Operable <input type="checkbox"/> Inoperable <input type="checkbox"/> Failing <input type="checkbox"/> I do not have a heating system
<b>Cooling System Condition</b>	<input type="checkbox"/> Operable <input type="checkbox"/> Inoperable <input type="checkbox"/> Failing <input type="checkbox"/> I do not have a cooling system

## Nondiscrimination Notice

If you believe you have been discriminated against because of race, color, sex, handicap, national origin, religious creed, or political belief, you can file a complaint. Complaint forms are available from the address listed below or at the assistance provider listed above.

DEPARTMENT OF HEALTH AND WELFARE  
CIVIL RIGHTS AFFIRMATIVE ACTION SECTION  
PO BOX 83720; BOISE, ID; 83720-0036

## Your Rights

If your application for assistance is denied, you will be notified in writing of the reason for the denial. If you are dissatisfied with this decision or feel you have been discriminated against in any way, you have thirty (30) days from the date the notice is mailed in which to request a fair hearing using form HW 0406. If you file a fair hearing request, you will have a right to find out if your eligibility for the LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM and/or LOW-INCOME WEATHERIZATION ASSISTANCE PROGRAM was incorrectly determined according to State and Federal law and policy.

## Privacy Act and Information Release

Under Section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552 a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested. You may retain this statement for your records.

Authority: The specific authority for the maintenance of this report is in sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94 385. These sections direct Federal and State agencies, which are sponsoring these programs, to monitor the effectiveness of the programs, and to require the local Non-Profit agency implementing the programs to keep records to enable program monitoring.

Your responses to the request for information are entirely voluntary, however should you decline to provide the information requested, you will not be considered for assistance. Please initial each of the four items below if you agree with each

### Participant Certification - *Please initial each line and sign below to certify the accuracy of the information you provided*

I understand that completion of this application does not constitute immediate approval for assistance.

I hereby give my permission for the release of any information needed to process this application to a Representative of the Department of Health and Welfare and/or Non-Profit agency, organization or their designee or to any state and federal agency, as required by law.

I understand my information will be held in accordance with IDHW Confidentiality Regulations.

I hereby authorize my energy vendor(s) to provide my billing and usage data to the representative of IDHW and/or this agency or their designee.

Under penalty of perjury, I certify that the information contained in this application is true and correct. I understand that I am applying for federal benefits and I could be sanctioned and required to return any benefits I receive if I willfully misrepresent and/or conceal facts. Sanctions may include administrative, civil, or criminal actions against me, including prosecution.

<b>Participant Signature</b>		<b>Date</b>	
<b>Agency Representative</b>		<b>Date</b>	