



## 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 (CAA)

FOR AGENCY USE ONLY				REGISTER NUMBER(S)					
				APPLICATION DATE		REGULAR ASSISTANCE			
				APPLICATION TIME		CRISIS INTERVENTION			
				a.m.   p.m.					
				DISPOSITION TIME LIMIT		SUPPLEMENTAL			
		<input type="checkbox"/> 18 HOURS		<input type="checkbox"/> 48 HOURS					
Interviewer		Method		Date					



- You must apply through the CAA serving the county in which you live.
- Complete all sections and attach requested documentation; **failure to do so will delay processing of your application.**

**TO MAKE CHANGES, DO NOT WHITE OUT. CROSS-OUT AND RE-WRITE ANSWER.**

<p><b>Affordable Care Act (ACA)</b></p> <p>Do you need health insurance? For information about the Affordable Care Act, go to <a href="http://healthcare.gov">healthcare.gov</a> or call 800-318-2596.</p>
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**What bill(s) do you need assistance with? (Check up to Two.)**

- Gas    Electricity    Propane    Fuel Oil    Other: \_\_\_\_\_

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

attach copy of ID (e.g., driver's license) and Social Security card

Last Name		First Name		Middle Name	
Mailing Address			City	State	Zip Code
Street Address <i>if different from mailing address</i>			City	State	Zip Code
County of Residence	Mobile Phone Number	Home Phone Number	Email Address		
Social Security Number	Date of Birth	Age	Do you have a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Spanish American/Hispanic <input type="checkbox"/> Oriental; Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> 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.							
8.							

● **3. HOUSEHOLD INCOME**

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

**YOU MUST ATTACH COPIES OF LAST MONTH'S PAY STUBS**

WHO IS EMPLOYED	HOW OFTEN PAID	GROSS AMOUNT LAST MONTH	EMPLOYER NAME
1.			
2.			
3.			

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

NAME	WHERE LAST EMPLOYED	WHEN EMPLOYMENT ENDED
1.		
2.		
3.		

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

Child Support, 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:

WHO RECEIVES IT?	HOW OFTEN PAID	GROSS MONTHLY AMOUNT	NON-WORK INCOME FROM (SSA, RETIREMENT, ETC.)
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					
Other Resources (list)					
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 weeks' 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, attach a copy of your lease that says utilities are included in your rent and provide:

Landlord. \_\_\_\_\_  
LANDLORD'S NAME      LANDLORD'S PHONE

**● 5. HOME ENERGY SUPPLIER INFORMATION**

You must complete information on **BOTH – PRIMARY Heating Source AND ELECTRIC – AND** include copies of **EACH** bill. My residence is ALL ELECTRIC  YES  NO

Name of Primary Heating Supplier:: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Natural Gas  Electricity  Fuel oil or kerosene  Propane, Butane, or LPG  Other: \_\_\_\_\_

If your heating bill is **not** in your name, whose name is the account in? \_\_\_\_\_ Is the account closed?  YES  NO

Does this person live with you?  YES  NO **What is this person’s relationship to you?** \_\_\_\_\_

**SECONDARY HEATING SUPPLIER IS OPTIONAL, COMPLETE ONLY IF YOU WANT ASSISTANCE WITH THIS BILL.**

Name of Secondary Heating Supplier:: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Natural Gas  Electricity  Fuel oil or kerosene  Propane, Butane, or LPG  Other: \_\_\_\_\_

If your heating bill is **not** in your name, whose name is the account in? \_\_\_\_\_ Is the account closed?  YES  NO

Does this person live with you?  YES  NO **What is this person’s relationship to you?** \_\_\_\_\_

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 **What is this person’s relationship to you?** \_\_\_\_\_

**● 6. VERIFICATION OF IDENTITY (ID)**

You must attach proof of identity. Acceptable proof includes A **READABLE COPY** of any VALID document that reasonably establishes identity such as:

- Arkansas Driver’s License
- Federal, state, or local government issued ID Card
- U.S. Military Card or dependent’s card
- Voter registration card
- ID card for health benefits or other assistance
- Work or school ID card with photograph
- A recent paycheck stub

**● 7. WEATHERIZATION SERVICES (WAP)**

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

**● 8. APPLICANT’S RIGHTS AND RESPONSIBILITIES**

**FAILURE TO SIGN AND DATE A PAPER APPLICATION WILL DELAY THE PROCESSING OF YOUR LIHEAP APPLICATION.**

I understand that I have the right to appeal any decision regarding this application that 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 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 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 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

# FOR AGENCY USE ONLY

## 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: \_\_\_\_\_  
 \_\_\_\_\_

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)** \$ \_\_\_\_\_

## 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. Supplemental 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.

## B. DISPOSITION    Regular    Crisis    SUPPL

- 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 \_\_\_\_\_ SUPPL \_\_\_\_\_
- 5. Benefit Amount:  
       Regular: \_\_\_\_\_ CIP \_\_\_\_\_ SUPPL \_\_\_\_\_

## C. PAYMENT    Regular    Crisis    SUPPL

- 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 Director's Signature: \_\_\_\_\_



**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

This page only needs to be completed if you receive no income.

You will need someone other than yourself to complete this form.

**Collateral Statement**

**APPLICANT'S NAME:** \_\_\_\_\_

**INSTRUCTIONS**

- It is necessary to complete this form when the household is identified as ZERO Income.
- This form **MUST** be completed by a person who knows the applicant well. The attestant **MUST** not live with the applicant.
- The person should be familiar enough with the household to accurately answer every question.
- Return the form to the Community Action Agency responsible for applications in the applicant's county of residence.

*I give the person indicated below permission to complete and return this form on behalf of my household to the appropriate Community Action Agency. I understand that if circumstances are still questionable, the community action agency will contact the person making this statement for additional information.*

\_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date

Attestant's Name: \_\_\_\_\_

Attestant's Address: \_\_\_\_\_

Attestant's Phone: \_\_\_\_\_ Attestant's Email: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

How are you familiar with the household's circumstance(s)? \_\_\_\_\_

Does anyone in the household work? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Has anyone moved in or out of the home within the last 2 months? \_\_\_\_\_

**NAMES OF ADULTS (18 OR OLDER) LIVING IN THE HOUSEHOLD:**

\_\_\_\_\_  
\_\_\_\_\_

**NAMES OF CHILDREN LIVING IN THE HOUSEHOLD:**

\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF ATTESTATION**

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully commits any of the following actions shall be fined under this title and/or imprisoned for not longer than five (5) years: (1) Falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) Makes any materially false, fictitious, or fraudulent statement or representation; or (3) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.

I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to Arkansas Code Title 5. Criminal Offenses § 5-36-202.

\_\_\_\_\_ Attestant's Printed Name \_\_\_\_\_ Attestant's Signature \_\_\_\_\_ Date

<b>For Agency Use, ONLY</b>		
<b>INDICATE METHOD IN WHICH FORM COMPLETED:</b>		
<input type="checkbox"/> TELEPHONICALLY	<input type="checkbox"/> ELECTRONICALLY	<input type="checkbox"/> IN-PERSON



# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

The person who is assisting with your bills needs to complete the form.

## Contribution Statement

**APPLICANT'S NAME:** \_\_\_\_\_ **VERIFICATION PERIOD:** \_\_\_\_\_

*I give the person indicated below permission to complete and return this form on behalf of my household to the appropriate Community Action Agency. I understand that I cannot use another LIHEAP recipient to complete this form. I understand that if circumstances are still questionable, the community action agency will contact the person making this statement for additional information.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Name of Contributor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Complete this form to acknowledge that you made financial contributions to help the applicant during the period(s) and by the methods indicated below:

**Enter the amount you paid for the expenses below:**

Rent	\$	_____
Electric Bills	\$	_____
Gas/Propane Bills	\$	_____
Phone Bills	\$	_____
Other:	\$	_____

**To whom did you give the money?**

- Applicant       Paid directly to the Utility Company/landlord       BOTH: Applicant & Utility/Landlord

Recipient's address (if other than applicant): \_\_\_\_\_

Recipient's Phone #: \_\_\_\_\_

How often do you help the household? \_\_\_\_\_

### STATEMENT OF ATTESTATION

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully commits any of the following actions shall be fined under this title and/or imprisoned for not longer than five (5) years: (1) Falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) Makes any materially false, fictitious, or fraudulent statement or representation; or (3) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry..

I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to Arkansas Code Title 5. Criminal Offenses § 5-36-202.

**Contributor's Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Contributor's Signature:** \_\_\_\_\_