

LIHEAP

APPLICATION FORM



Have we assisted your household within the last **3 years**? YES NO
 Have you become unemployed because of the COVID-19 pandemic? YES NO

Applicant Information - Head of Household

First Name _____	Middle/Maiden Name _____	Last Name _____
Date of Birth _____		SSN _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to answer		Disabled <input type="checkbox"/> YES <input type="checkbox"/> NO
Marital Status (Check one)	Work Status (Check one)	Race (Check one)
Single (Living alone)	Employed Full-time	Black/African Am
Single (Living w/partner)	Employed Part-time	White
Single Male living w/children	Retired	Bi-racial/Multi-racial
Single Female living w/children	Unemployed more than 6 mos	Other
Married no children in home	Unemployed less than 6 mos	Ethnicity (Check one) Hispanic/Latino/Span Dec
Married w/children in home	Unemployed by choice	
Foster Parent	Migrant/Seasonal Worker	
		YES NO

HEAD OF HOUSEHOLD INCOME INFORMATION

\$ _____	Frequency of income (Wages and Other only, if applicable)
Source (Check one)	Wages Other
Wages TANF	Weekly Weekly
SSI Other	Bi-weekly Bi-weekly
Social Security _____	Monthly Monthly
	Semi-monthly Semi-monthly

HEAD OF HOUSEHOLD ONLY

Home Address _____	Mailing Address _____
County of Residence _____	Housing Own Rent Subsidized
Primary Phone _____	Rent/Mortgage \$ _____ /mo
Primary heating/cooling source Electric Natural Gas Kerosene Wood Propane	
Primary heating/cooling provider _____	
Propane provider (if appl, winter only) _____	Account # _____

Applicant Signature _____ **Date** _____

NOTE: Use this page ONLY if more than 1 person in the household

Household Members Information

<p>Name <i>(First Last)</i></p> <p>_____</p> <p>DOB _____</p> <p>SSN _____</p> <p>Gender</p> <p>M F Other</p> <p>Race</p> <p>Black/ White</p> <p>Af. Am.</p> <p>Bi-/ Other</p> <p>Multiracial</p> <p>Relationship to Applicant</p> <p>Spouse Parent</p> <p>Child Grandchild</p> <p>Other</p> <p>INCOME INFORMATION</p> <p>\$ _____</p> <p>Source</p> <p>Wages TANF</p> <p>SSI Other</p> <p>Social Security</p> <p>Frequency</p> <p><i>(Wages or Other)</i></p> <p>Weekly Monthly</p> <p>Bi-weekly Semi-monthly</p>	<p>Name <i>(First Last)</i></p> <p>_____</p> <p>DOB _____</p> <p>SSN _____</p> <p>Gender</p> <p>M F Other</p> <p>Race</p> <p>Black/ White</p> <p>Af. Am.</p> <p>Bi-/ Other</p> <p>Multiracial</p> <p>Relationship to Applicant</p> <p>Spouse Parent</p> <p>Child Grandchild</p> <p>Other</p> <p>INCOME INFORMATION</p> <p>\$ _____</p> <p>Source</p> <p>Wages TANF</p> <p>SSI Other</p> <p>Social Security</p> <p>Frequency</p> <p><i>(Wages or Other)</i></p> <p>Weekly Monthly</p> <p>Bi-weekly Semi-monthly</p>	<p>Name <i>(First Last)</i></p> <p>_____</p> <p>DOB _____</p> <p>SSN _____</p> <p>Gender</p> <p>M F Other</p> <p>Race</p> <p>Black/ White</p> <p>Af. Am.</p> <p>Bi-/ Other</p> <p>Multiracial</p> <p>Relationship to Applicant</p> <p>Spouse Parent</p> <p>Child Grandchild</p> <p>Other</p> <p>INCOME INFORMATION</p> <p>\$ _____</p> <p>Source</p> <p>Wages TANF</p> <p>SSI Other</p> <p>Social Security</p> <p>Frequency</p> <p><i>(Wages or Other)</i></p> <p>Weekly Monthly</p> <p>Bi-weekly Semi-monthly</p>	<p>Name <i>(First Last)</i></p> <p>_____</p> <p>DOB _____</p> <p>SSN _____</p> <p>Gender</p> <p>M F Other</p> <p>Race</p> <p>Black/ White</p> <p>Af. Am.</p> <p>Bi-/ Other</p> <p>Multiracial</p> <p>Relationship to Applicant</p> <p>Spouse Parent</p> <p>Child Grandchild</p> <p>Other</p> <p>INCOME INFORMATION</p> <p>\$ _____</p> <p>Source</p> <p>Wages TANF</p> <p>SSI Other</p> <p>Social Security</p> <p>Frequency</p> <p><i>(Wages or Other)</i></p> <p>Weekly Monthly</p> <p>Bi-weekly Semi-monthly</p>
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I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give consent for this agency to verify the information I have given and for related outside sources to provide any information necessary in the completion of this application. I understand I am responsible for all related costs of the program not paid by the State. I understand that I am subject to all applicable Federal or State laws concerning fraud or if I knowingly provide false or incomplete information in order to obtain assistance.

Applicant's Signature _____ **Date** _____

ALL blanks must be completed or your application will NOT be processed.



Client Home Energy Data Request Waiver

I, _____, am the customer of record, the customer's spouse or an authorized agent/third party for the utility company and/or the fuel supplier that provides my household's home energy.

I authorize my utility provider and/or my fuel supplier to disclose my customer data (including, but not limited to, energy cost, consumption, and billing data) to the Alabama Department of Economic and Community Affairs (ADECA) for the purposes of verification, analysis, and reporting.

I agree to hold harmless and/or release such companies from and against any claims, losses, demands, damages or liability of any kind caused by or allegedly caused by such disclosure.

My household's electricity provider information

Company name _____

My account number is _____

My household's primary heating provider information

Company name _____

My account number is _____

Applicant Signature _____ **Date** _____



Declaration of Household Income

Instructions: This form is to be completed by the person applying for assistance if any of the following situations apply to the applicant and/or any adult household member age 18 and over for the previous month:

- Had no income and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.
- Received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained
- Received money from family/friends
- Received income not reported elsewhere

Applicant's name (please print): _____

Applicant's address (please print): _____

Did you or any household member age 18 and over have **no income** last month? If so, complete the following information for you and every adult in the household.

Name	How long has this person had no income?

Did you or any household member age 18 and over receive income from **occasional work when a receipt book was not maintained**, receive **money from family or friends**, or receive any **income not reported elsewhere** last month? If so, complete the following for you and every adult in the household.

Name	Amount	Source of income

How do you pay your **rent/mortgage**? _____

How do you pay for **food**? _____

How do you pay for your **utilities**? _____

I certify that the information provided above is true and complete to the best of my knowledge. I understand I may be required to provide proof of any information given and that providing false information will invalidate this form and may require the repayment of any assistance received based on the false information. I understand that I am subject to all applicable Federal or State laws concerning fraud.

Applicant's Signature _____ **Date** _____