



LIHEAP – Low Income Energy Assistance Program

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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ccc;"> <th colspan="2" style="text-align: center;">ASSISTANCE TYPE</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Summer Home Energy</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Winter Home Energy</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Summer Crisis</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Winter Crisis</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Weather Related</td> </tr> <tr style="background-color: #f00; color: white;"> <th colspan="2" style="text-align: center;">COVID-19</th> </tr> <tr> <td><input type="checkbox"/></td> <td>FPL</td> </tr> <tr> <td><input type="checkbox"/></td> <td>FPU</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Deposit</td> </tr> <tr> <td><input type="checkbox"/></td> <td>DK</td> </tr> <tr> <td><input type="checkbox"/></td> <td>TOTGC</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Disconnection</td> </tr> </tbody> </table>	ASSISTANCE TYPE		<input type="checkbox"/>	Summer Home Energy	<input type="checkbox"/>	Winter Home Energy	<input type="checkbox"/>	Summer Crisis	<input type="checkbox"/>	Winter Crisis	<input type="checkbox"/>	Weather Related	COVID-19		<input type="checkbox"/>	FPL	<input type="checkbox"/>	FPU	<input type="checkbox"/>	Deposit	<input type="checkbox"/>	DK	<input type="checkbox"/>	TOTGC	<input type="checkbox"/>	Disconnection	<p><input type="checkbox"/> Case Approved Date: _____</p> <p><input type="checkbox"/> Case Denied - Explanation _____</p> <p><input type="checkbox"/> Case Denied Pending (15 Days to finalize)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Case Approved after Pending Date _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Case Denied after Pending Date _____</p> <p><input type="checkbox"/> Verified EHEAP Contact _____ Date: _____</p> <p>Household ID: _____</p> <p><input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Emailed</p>
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ID #: _____	Date: _____																										

NOTE: This application cannot be processed unless it is **completely filled out and signed** by the applicant.

Applicant Information

Give the following information for the applicant first, then for each person living in your home. If more than twelve people live in your home, list the additional people on a separate sheet of paper with their information and attach it to this form.

Name (First, Middle, Last)	Age	Date of Birth	Relationship to Applicant	Social Security Number	Type of income Documents	Disabled	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Self			<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
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
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						<input type="checkbox"/> Yes	<input type="checkbox"/> No
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						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

Address where you are living:

<i>Street Name and Number</i>	<i>Apartment/Unit #</i>
<i>City or Town</i>	<i>Zip Code</i>

Seminole County

Your mailing address, if different from above:

<i>Street Name and Number</i>	<i>Apartment/Unit #</i>
<i>City or Town</i>	<i>Zip Code</i>

Seminole County

Telephone number(s) where you can be reached at:

Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____

Indicate which of the following programs you are currently eligible for or are receiving assistance from:

TANF/Cash Asst. Lifeline and Link-up Florida Food Stamps None

Complete the following for your household:

Number of elderly persons 62 or older _____
 Number of disabled persons receiving SSI or SS _____
 Number of children 5 years of age or younger _____

Type of income: Wages, Self-employment, Child Support, Unemployment Compensation, Retirement Benefits, VA Benefits, SSI, Social Security, TANF (AFDC), Food Stamps, Pensions, Alimony, etc.

If your monthly household income is less than \$600.00, explain how you pay for food, shelter, clothing, transportation and home utilities.

Have you or any member of your household received LIHEAP or EHEAP assistance in the last 12 months?

Yes No. If yes, complete the following: (LIHEAP Home Energy, Crisis, Disaster or EHEAP Crisis)

<i>Name of Agency</i>	<i>Type of Assistance</i>	<i>Date</i>
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If you are applying for LIHEAP crisis assistance, describe the crisis:

If you live in government subsidized housing, Section 8 housing, HUD-VASH, a dormitory, assisted living facility or adult foster home, list the name of the place:

Do any of the following situations currently apply to you? (Check the appropriate box below.)

- My electric has been disconnected
- My electric bill is delinquent
- I have a shut-off notice from the electric/gas company
- Deposit (Account number and deposit amount is required) Acct. No: _____ Deposit Amount: _____
- Deposit verified by _____ Confirmed by _____ Duke/FPL Rep. on _____

Other:

Utility/Energy Company Information

If the cost of home energy is included in your rent, give the name and telephone number of your landlord. Attach a copy of the bill or letter from your provider/landlord.

_____ *Utility/Energy company or landlord* _____ *Account Number* _____ *Telephone Number*

If you share your living or mailing address with others who are not part of your home, please list their names:

_____ ; _____ ; _____ ;

If you or anyone in your home is not a U.S. citizen or an alien lawfully admitted for permanent residence, list the name(s) and alien status under the Immigration and Naturalization Act below:

Name: _____ Alien Status: _____
Name: _____ Alien Status: _____

If you or any member(s) of your household is a member of an Indian Tribe, please write the name of the tribe(s) below:

_____ ; _____ ; _____ ;

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

READ THE FOLLOWING PARAGRAPH CAREFULLY AND INITIAL BEFORE SIGNING THE APPLICATION

_____ **ACKNOWLEDGEMENT STATEMENT:** I am aware that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medical needy, children reside and/or to those that had not been previously assisted. I authorize the agency to make benefit payments directly to my energy supplier. I am also aware that after I have provided all the information requested, if I am applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application. If I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to an appeals hearing. I understand that if I do not receive an approval or denial letter within 45 days of applying for assistance, it is my responsibility to notify the agency.

_____ **FRAUD STATEMENT:** I certify under penalty of perjury that the information on this form is true to the best of my knowledge. I understand and agree that I may be subject to criminal prosecution or be disqualified from the program for knowingly providing incorrect and/or incomplete information and that I can be prosecuted if I provide false information. If any information is incorrect, benefits may be reduced, denied and/or eligible for reimbursement.

_____ **I UNDERSTAND AND AGREE:** That LIHEAP will assist my household if I/we qualify and ***funds are available.***

_____ **I UNDERSTAND AND AGREE:** That LIHEAP ***cannot assist my household if the lease or mortgage is not in my name.***

_____ **I UNDERSTAND AND AGREE:** That LIHEAP ***cannot assist my household if the utility bill is not in my name.***

_____ **I UNDERSTAND AND AGREE:** That LIHEAP ***will reserve the right*** to change the policy as needed by the clients.

_____ **I UNDERSTAND AND AGREE:** That LIHEAP ***is not responsible for any fees or additional charges.***

_____ Date: _____
Applicant's Signature

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_____ *Caseworker Signature*

_____ *Date*

_____ *Supervisor/Caseworker Signature*

_____ *Date*

**NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
DEO**

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes. Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Low Income Home Energy Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and The City of Sanford (LIHEAP) (subgrantee) for the purposes specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Low Income Home Energy Assistance Program.

Applicant's Signature

Date: _____



STATE OF FLORIDA LIHEAP PROGRAM
LIHEAP Performance Measures Data Collection Worksheet

Part 1 – CLIENT INFORMATION

Complete the following information based on the Applicant’s LIHEAP Application

Applicant Name _____

Customer of Record (if not Applicant) _____

Vendor(Electric) _____

Account Number _____

Vendor(Gas) _____

Account Number _____

PART 2 – MAIN ENERGY SOURCE

Check which source is used for each energy need

ENERGY NEED	ELECTRIC	GAS	OTHER –Describe
HEATING	<input type="checkbox"/>	<input type="checkbox"/>	_____
COOLING	<input type="checkbox"/>	<input type="checkbox"/>	_____
OTHER (cooking, water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____

PART 3 –IMMINENT RISK

Was the applicant considered to be at imminent risk of losing needed home energy source and disruption was halted as a result of the Applicant receiving a LIHEAP benefit, either Home Energy or Crisis (either alone or in combination with another program)?

Yes No

- If Yes, count the Applicant as having home energy disruption halted as a result of LIHEAP assistance. However, the Applicant may still be eligible for services.
- If No, do **NOT** count the Applicant as having home energy disruption halted as a result of LIHEAP assistance. However, the Applicant may still be eligible for services.

Some additional questions to consider if assistance is needed in determining if the Applicant should be counted in this category.

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a shut-off notice? This does not include a late bill or late notice.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have less than 7 days of pre-paid electricity usage or fuel?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant using an alternative source for heating or cooling, i.e.; they are using a fan because the HVAC unit is operable but not running correctly?

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CASE WORKER COMMENTS

Date:

Date:

Date:

Client needs to pay: _____
Deposit amount: _____