



West Virginia Department of Health and Human Resources (DHHR)

- Regular LIEAP  
 Emergency LIEAP

APPLICATION FOR LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

I. IDENTIFYING INFORMATION

A. Name and Mailing Address of Applicant:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

If you do not have a telephone, please supply the name of a relative or neighbor who will take a message for you.

Name \_\_\_\_\_ Phone \_\_\_\_\_

B. Check any benefit being received by you or a member of your household:  
 SNAP Benefits  WV WORKS  Medicaid

C. Directions to your home: \_\_\_\_\_

D. Race (check one or more):  
 White  Black  American Indian  Asian

E. Ethnicity:  Hispanic  Non-Hispanic  
 If other race, please explain: \_\_\_\_\_

F. List the following information about yourself (Applicant) and ALL persons in your household. This includes family members and all others living under the same roof:

Full Name	Is this person a U.S. Citizen?	Birth Date mm/dd/yy	How is this person related to the Applicant?	Social Security Number	Total Monthly Income Before Deductions	
					Source or Name of Employer	Amount
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

## II. HOME HEATING INFORMATION

*Instructions: Please check the correct box which applies to your household after each question and enter written statements where required.*

- A. What is your current living arrangement?  
 House/apartment/mobile home  No shelter/homeless  
 Institution  Other (explain) \_\_\_\_\_
- B. Is anyone in your household disabled or blind?  
 Yes  No
- C. Do you or someone in your household pay for your home heating costs?  
 Yes  No  
If yes, what is the average monthly cost? \_\_\_\_\_  
If no, who pays? \_\_\_\_\_
- D. How do you heat your home?  
(Check the item which corresponds to your primary source of home heating.)  
**PLEASE CHECK ONLY ONE.**  
 Natural gas furnace  
 Liquefied gas (petroleum, propane, etc.)  
 Coal  
 Wood or wood products  
 Electric furnace  
 Fuel oil or kerosene furnace  
 Baseboard heat  
 Space heater (type) \_\_\_\_\_  
 Other \_\_\_\_\_
- E. Main Heating Source (same source as Question D)  
Company/Vendor \_\_\_\_\_  
Account # \_\_\_\_\_  
Is your heating source included in your rent?  
 Yes  No

Is the name on your heating bill different from the applicant's name?

Yes  No

If yes, what is the name?

First \_\_\_\_\_ Last \_\_\_\_\_

Do you share a main heating source with another household?

Yes  No

- F. Electric  
Company/Vendor \_\_\_\_\_  
Account # \_\_\_\_\_  
Is your electricity included in your rent?  
 Yes  No  
Is the name on your heating bill different from the applicant's name?  
 Yes  No  
If yes, what is the name?  
First \_\_\_\_\_ Last \_\_\_\_\_  
Do you share an electric meter with another household?  
 Yes  No
- G. Do any of these apply to you today?  
Already disconnected  Yes  No  
Company name \_\_\_\_\_  
Received a disconnect notice  Yes  No  
Company name \_\_\_\_\_  
Past due bill  Yes  No  
Company name \_\_\_\_\_
- Are you low on fuel/wood/coal (less than 3 days remaining)?  
 Yes  No  
Are you out of fuel/wood/coal?  
 Yes  No  
Non-working furnace/ boiler/heat system?  
 Yes  No

**III. SIGNATURES AND STATEMENTS OF LIABILITY**

*Place a check in the appropriate block with each statement.*

Yes  No I certify that I have read or had read to me all statements on this form and I do understand all questions. I further certify that all information given is true and correct to the best of my knowledge.

Yes  No I understand I may request a hearing if I am not satisfied with any decision of the local DHHR office in determining my eligibility for LIEAP or the amount of benefits approved, or if I feel that I have been discriminated against because of race, color, national origin, sex, age, religious or political beliefs, or because I am disabled, that I may be represented by an attorney at a fair hearing but that DHHR or any of its authorized representatives will not pay for these legal services; and that LIEAP intake will close without prior notice.

Yes  No I understand that I may be asked to provide additional information or verify any or all information entered on this application form and that I will cooperate by providing such information as required in determining my eligibility for LIEAP; and I authorize DHHR to use and share all such information with other agencies, organizations, or entities to verify eligibility for LIEAP and the amount of benefits.

Yes  No I understand that the date of application is the date I submit the completed form along with all required verifications and information, and that missing information may result in delay and/or denial of LIEAP benefits.

Yes  No I give my consent for my heating and electric companies to give data about my account and energy usage to the West Virginia Department of Health and Human Resources (DHHR), contractors for the Low Income Energy Assistance Program (LIEAP) and the Weatherization Program.

Yes  No I understand that if I knowingly provide false or fraudulent information that is used in connection with the eligibility determination for LIEAP, I may be subject, upon conviction, to fines or imprisonment or both. I understand I will be required to repay benefits received to which I am not entitled and that my failure to repay such benefits may result in loss of future LIEAP benefits.

Yes  No I agree and authorize any bank, financial institution, governmental agency or department, corporation, business concern or person to furnish any information which relates to my eligibility for and receipt of LIEAP to DHHR or any of its authorized representatives and understand DHHR may use or share such information to verify my eligibility for and the amount of benefits.

Yes  No I understand that I will be notified in writing within 30 days from the date my completed application is received by DHHR of the decision made on my application and that I may request a hearing if I have not been notified within 30 days. If I receive a direct payment, I understand it must be used to pay for the cost of primary home heating and that a receipt which verifies my payment for this must be submitted with my application for Emergency LIEAP. I understand that if I am found eligible, I am entitled to only one Regular LIEAP payment and one Emergency LIEAP payment during the LIEAP season.

MAIL THIS APPLICATION TO YOUR LOCAL DHHR OFFICE ONLY - NOT TO YOUR HEATING SUPPLIER. YOU MAY ALSO TAKE IT TO YOUR LOCAL COMMUNITY ACTION AGENCY OR SENIOR CENTER.

**PLEASE PROVIDE YOUR ELECTRIC BILL and YOUR MAIN HEATING SOURCE BILL WITH THIS APPLICATION. If electric is your main heat source, you will only need to provide the electric bill, otherwise please provide both.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Who Helped You Fill Out This Form

\_\_\_\_\_  
Date

***This application cannot be processed unless all information requested has been entered or attached and it is signed and dated by you and the person who assisted you.***

**IV. FOR OTHER AGENCY USE ONLY**

**IMPORTANT:** The Worker **MUST** ensure this section is completed in its entirety in order for the application to be complete

Application Received Date: \_\_\_\_\_

Name of Other Agency Which Received the Application: \_\_\_\_\_

A. Did application include required verifications as specified on instruction sheet?  Yes  No

Indicate how income was verified, as appropriate:

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

B. Was additional verification requested?  Yes  No

Indicate date application was considered complete: \_\_\_\_\_

\_\_\_\_\_  
Signature & Title of Worker from Other Agency

\_\_\_\_\_  
Date

**V. FOR DHHR USE ONLY**

A. Was application complete?  Yes  No

If no, what was missing? \_\_\_\_\_

**Incomplete applications will be denied unless Applicant supplies missing information within 10 days or Worker is able to obtain the information within the 10-day period.**

B. Date of Application: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

C. Date entered in RAPIDS: \_\_\_\_\_ Decision:  Approved  Denied

**The date of application is the date the form is received by DHHR or the other agency, or date postmarked if received after LIEAP closes. For emergency Regular LIEAP and Emergency LIEAP, contact with the fuel supplier must be made before approving payment but not before determination of eligibility is completed.**

D. Recording (must include account number, account name, and vendor number in CMCC):

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

E. BIRS completed for Regular LIEAP? Check IQPS to make sure payment is scheduled.

\_\_\_\_\_  
DHHR Worker's Signature

\_\_\_\_\_  
Date