



## West Virginia Department of Health and Human Resources

### LOW-INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

#### Instructions for Completing the Application Form

1. In order to be considered for home heating assistance, you must complete the application form. All questions on pages 1, 2 and 3 must be answered. (Page 4, Section IV is for agency use only.)
2. Be sure you enter your name, address and telephone number at the top of page 1. Also, enter the names, birth dates and Social Security Numbers of all persons, including yourself, living in your household whether or not they are family members.
3. Make sure that the gross monthly income for you and each person living in your household is entered. If you or anyone in your household receive earnings from employment, the total household monthly income must be verified. You may verify income by providing current paycheck stubs, SSI or Social Security award letters, etc., when you return your application to any of the three offices listed below in number 6.
4. If you report no or "zero" income on the application form, please complete and return the enclosed zero income form.
5. Please read each question on pages 2 and 3 carefully, providing answers as instructed. Make sure you sign and date the form IN INK. If someone helps you complete the form, he or she must also sign and date the form.
6. If you need assistance completing the application, you may contact or visit your local Community Action agency, your local senior citizens' center or your local Department of Health and Human Resources (DHHR) office.

**Please provide your electric bill and/or your main heating source bill with this application.**

**If you wish to return the completed application by mail, you must mail the application to your local DHHR office only. Do Not Mail It To Your Utility Company. Applicants may also use inROADS to apply over the internet at [www.wvinroads.org](http://www.wvinroads.org).**

7. If your heating account is in someone else's name, you must identify the relationship of this person to you (relative, former roommate or spouse, landlord, etc.). Failure to do so could delay crediting your LIEAP payment to your account.

If you need assistance or further information concerning LIEAP, please call this toll-free number: 1-800-642-8589.

INCOME GUIDELINES FOR LIEAP FY 2017 ARE SHOWN ON THE BACK OF THIS SHEET

## LIEAP INCOME GUIDELINES FOR FY 2017

The maximum allowable gross income levels for LIEAP FY 2017 are listed below:

HOUSEHOLD SIZE	MONTHLY ALLOWABLE INCOME
1 Person Household	\$1,337
2 Person Household	\$1,802
3 Person Household	\$2,268
4 Person Household	\$2,734
5 Person Household	\$3,200
6 Person Household	\$3,665
7 Person Household	\$4,132
8 Person Household	\$4,600
9 Person Household	\$5,068
10 Person Household	\$5,536

For each additional person, add \$468.

Households whose countable income exceeds the maximum amount are not eligible. However, some types of income may be excluded for LIEAP.

### MAILING INSTRUCTIONS FOR LIEAP APPLICATIONS

If your household appears eligible, mail your completed application with required verifications to the address of your local DHHR office. If you need help locating the address, call the toll-free number on the front of this sheet. Mailing your application to any other address will delay processing. **Do not mail the application to your utility provider.**

Please allow at least 30 days for DHHR to process your application. If you have not received a notice of decision after 30 days, you may call to check on the status of your application. Once the LIEAP season begins, applications will be processed in the order in which they are received. DHHR has no control over when your payment will be credited to your account. You must continue to pay your heating bills.

INSTRUCTIONS FOR COMPLETING THE LIEAP APPLICATION FORM  
ARE ON THE FRONT OF THIS SHEET