



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

Have you or anyone in your household been affected by COVID-19

- 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.