

**LIHEAP APPLICATION**

Please answer the following questions on the form and sign and date the last page. If you need assistance completing this application please call (833) 453-2142 or go to your local Community Action Agency for assistance.

**PRIMARY APPLICANT INFORMATION**

Name (*Last, First, M.I.*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (*No., Street*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

County: \_\_\_\_\_ Preferred Contact Method: Phone Email

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Do you have income? Yes No

What is your household's total annual gross income (before taxes and deductions)? \_\_\_\_\_

**HOUSING DETAILS**

Do you rent your home? Yes No

If you rent, is your rent subsidized? Yes No

(For example, do you live in Section 8 or public housing or receive a Housing Choice Voucher?)

Are you needing help with weatherization? Yes No

(Weatherization helps income eligible households reduce heating and cooling costs by improving the energy efficiency of their home)

Do you live on tribal land? Yes No

Are utilities included in your rent? Yes No

**APPLICANT BACKGROUND****Race:**

American Indian / Alaskan Native / Native Hawaiian or Other White African American or Black Asian  
Pacific Islander Two or more races Choose not to respond

**Gender:**

Male Female Non-Binary Choose not to respond

**Ethnicity:**

Hispanic Not Hispanic Choose not to respond

Is any member of the household a Veteran? Yes No

Do any household members have a disability? Yes No

Are you or a member of your household currently receiving any of the following forms of assistance?

Supplemental Nutrition Assistance (SNAP) Low Income Household Water Assistance Program  
TANF Cash Assistance N/A

Are you or someone in your household a member of a federally recognized tribe? Yes No

If yes, did you apply for LIHEAP benefits with your tribe? Yes No

If yes, did the tribe deny your request for LIHEAP benefits? Yes No

Do you or anyone in your family have any expenses related to Medicare? Yes No

If yes, the amount of Medicare expenses per year: \_\_\_\_\_

Have you received LIHEAP benefits in the last 12 months?    Yes    No

**HOUSEHOLD COMPOSITION**

Complete the information below for yourself and all household members living in your home, whether or not you share living expenses, even if they are not related to you or are only temporarily living with you.

Name (First & Last) (List yourself first & then ALL household members)	Date of Birth	US citizen or Qualified Non-Citizen*?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

*\*Qualified Non-Citizens include lawful permanent residents, asylees, refugees, aliens paroled into the U.S. for at least one year, aliens whose deportations are being withheld, aliens granted conditional entry (prior to April 1, 1980), battered alien spouses, battered alien children, the alien parents of battered children, and alien children of battered parents who fit certain criteria, Cuban/Haitian entrants, and victims of a severe form of trafficking.*

**SERVICE PROVIDER DETAILS**

Are your energy services in your landlord’s name and paid through your rent?    Yes    No

What Utilities are used to heat/cool your home?

Electricity    Gas    Portable Fuel    Other

What is the primary utility used to heat your home?

Electricity    Gas    Portable Fuel    Other

Portable Fuel Type:

Wood/Pellets    Fuel Oil    Propane    Gasoline    Coal

If you are approved for a LIHEAP benefit, please indicate how you would like us to pay your benefit directly to your utility vendor. Only choose the utilities that you use to heat/cool your home. **Your benefit payment selection must total 100%.**

<b>Electricity</b>	0%	<b>Portable Fuel</b>	0%
	25%		25%
	50%		50%
	75%		75%
	100%		100%
<b>Gas</b>	0%	<b>Water</b> <i>(For evaporative cooling from May1st - October 31st)</i>	0%
	25%		25%
	50%		50%
	75%		75%
	100%		100%

Provider Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

What is the total amount of your bill this month? (Include all fees, arrears, penalties, eviction fees) For portable fuel, provide an estimate \_\_\_\_\_

Do you owe back utilities for any month?    Yes    No

Do you need to reestablish services?    Yes    No

Do you need help with a utility deposit?    Yes    No

**TENANT PAYMENT INFORMATION**

Is this an individual or company bank account?    Company    Individual

Account Type    Checking    Savings

Routing Number \_\_\_\_\_ Account Number: \_\_\_\_\_

**CRISIS RELATED QUESTIONS**

Do you want to apply for a crisis payment if your LIHEAP benefit does not cover the total cost of your utility bills?

*(A crisis payment can only be used one time per year.)*

Yes    No

Do you use prepaid utility services or portable fuel and have less than 7 days of energy available?    Yes    No

Have you received an eviction notice due to unpaid energy utilities?    Yes    No

Have you received a disconnection notice?    Yes    No

Have any of your utilities been disconnected?    Yes    No

Would the termination of power or exposure to heat or cold be dangerous to the health of you or a household member?

Yes    No

Do you have a signed statement from a licensed medical physician stating that termination of power or exposure to heat or cold would be dangerous to the health of a household member?    Yes    No

Is life-supporting equipment used in the home that is dependent on utility service for operation?    Yes    No

**APPLICANT ATTESTATION**

I certify, under penalty of perjury, that all information submitted in this Low Income Home Energy Assistance Program (LIHEAP) application is true and correct to the best of my knowledge. I further certify that all documents I have provided are genuine, and I have not intentionally withheld or altered any information that might be relevant to my eligibility for the LIHEAP Program.

I certify that if I receive LIHEAP funds directly, I will use these funds only for the payment of my utilities and any related fees or penalties that I owe. I understand that my use of LIHEAP funds for any other purpose may result in criminal prosecution and may disqualify me for future assistance.

I authorize DES to share the information I have provided in this application as necessary to verify my eligibility for this program. I authorize DES to provide my information to my utility provider(s) as necessary to distribute any LIHEAP funds I receive. I further authorize DES to provide my information to DES' partner organizations that may be able to assist with the LIHEAP application process and the distribution of LIHEAP funds. I authorize my utility provider(s) to share my account information (which may include, but not be limited to, name, service address, account number, household information, usage information, account balance, payment history, historical, and future utility bills) with DES as needed for distribution of the funds I applied for under this program.

I understand that DES may investigate and contact any sources necessary to confirm the accuracy of the information that pertains to my eligibility for this program. If I intentionally hide, alter, or provide false information in order to obtain LIHEAP benefits that I am not entitled to, I may be subject to criminal prosecution, fines, imprisonment, or other penalties provided for by state and federal laws. I further agree to release and hold harmless the utility provider(s) from any claims, damages, liability, or expenses resulting from the use or disclosure of information based on this authorization.

I understand that if I receive funds under this program, by mistake, I am required to return the funds.

This authorization remains effective for twelve months after the date of my signature.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please attached the following documents when submitting the application:**

- Photo ID of primary applicant
- Copy of your current Lease or rental document
- Electricity Bills
- Gas Bills
- Water Bills
- Income Documents
- Life Threatening Crisis Document(s)
- Regular Crisis Document(s)
- Portable Fuel Documentation

**Please submit this application and all required documentation to:**

Fax: (602) 612-8282 (preferred)

**Or mail to:**

Department of Economic Security  
LIHEAP  
PO Box 19130  
Phoenix, AZ 85009-9998

This institution is an equal opportunity provider.

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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/ TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.  
• Disponible en español en línea o en la oficina local.