

# Low Income Home Energy Assistance Program (LIHEAP) Application Form

Application ID: |

## HEAD OF HOUSEHOLD DETAILS

Name:	Email Address:
Home Telephone Number:	Cell Phone Number:
Address:	
City:	State:
ZIP Code:	County:

## HOUSEHOLD INFORMATION

### Disability Check:

Check if any household member has a disability:

### Program List:

Select the programs that you've applied for:

### Household Members:

Household Member Name	Relationship	Date of Birth	Age	Gender	Grade Completed	U.S. Citizen	Race	Ethnicity

**Relationships:** Spouse, Mother, Father, Son, Daughter, Grandmother, Grandfather, Aunt, Uncle, Cousin, Brother, Sister, Stepmother, Stepfather, Stepson, Stepdaughter, Foster Child, Foster Parent, Niece, Nephew, Not Related

**Gender Codes:** **M**- Male, **F**- Female

**Race Codes:** **AI**- American Indian, **AN**- Alaska Native, **AP**- Asian, **BL**- Black or African American, **HP**- Native Hawaiian or Other Pacific Islander, **WH**- White

**Ethnicity codes:** **NH**- Not Hispanic or Latino, **HL**- Hispanic or Latino, **NS**- Not Selected

## INCOME

**Wages or Tips:** How often are you paid: Weekly, Monthly, Yearly

Household Member Name	Employer	Income Frequency	Previous Period Income	Current Period Income	Next Period Income

## EXPENSES

Type	Description	Amount
Medical Prescriptions and Expenses	Have you paid any medical expenses, including prescriptions?	
Health and Hospitalization Insurance Premiums	Have you paid any medical insurance premiums?	
	Have you received or intend to receive reimbursement for any of these medical expenses from insurance or from the Veteran's Administrator ?	
Child Care	Have you paid any child care costs that were not reimbursed by anyone?	
Spousal Support	Have you paid any spousal support?	
Child Support	Have you paid any child support?	
Garnishments	Have you had any court-ordered wage garnishments?	
Representative Payee	Have you paid any representative payee fees?	

## HOUSING DETAILS

Type of Home:	
Do you own or rent your home?	Does your house rent include the cost of heating?

## HEATING DETAILS

### Primary Heat Source:

What is your primary type of heat?	Besides providing heat for your house, does this source provide fuel and/or power for any other buildings, machinery, vehicles or any other uses?
Reason:	
Supplier Name:	City:
Bill Amount:	

### Secondary Heat Source:

Do you have an approved secondary heating supplier?	What is your secondary type of heat??
Supplier Name:	City:
Bill Amount:	

## ACKNOWLEDGEMENT

I certify that the information given above is true, correct and complete to the best of my knowledge. I understand that knowingly giving false information may result in a fine, imprisonment or both, and that I must pay back any benefits received as a result of giving wrong information. I understand that by typing my name, I am signing this application.	
Signature:	Date: