

ENERGY ASSISTANCE PROGRAMMAIL **OR** FAX YOUR APPLICATION TO ONE OF THE OFFICES LISTED BELOWOR EMAIL YOUR APPLICATION TO: ENERGYASSISTANCE@DWSS.NV.GOV**LAS VEGAS / NORTH LAS VEGAS**

3330 E. Flamingo Rd., #55, Las Vegas, NV 89121

Telephone: (702) 486-1404 Fax: (702) 486-1441

OFFICE FOR ALL OTHER AREAS

2527 N. Carson Street, Suite 260, Carson City, NV 89706

Telephone: (775) 684-0730 Fax: (775) 684-0740

APPLICATION FOR ASSISTANCE

Please complete every section and answer each question. Sign the application and the Rights and Obligations form. Failure to complete all sections and questions and/or sign the application and Rights and Obligations, OR provide the requested documentation noted on the application, will delay processing your application and may result in your application being denied.

A. APPLICANT/HOUSEHOLD INFORMATION

Complete the following for every person living in your home, **including** yourself (attach additional page if necessary). The first name on the application should be the applicant (person listed on the utility bill in the home). Provide proof of identity for the applicant.

Name (Last, First, Middle) (Jr., Sr., III)	Relationship to You	S E X M/F	Date of Birth (mm/dd/yy)	A G E	U.S. Citizen or Eligible		Disabled		Social Security Number
					*Non-citizen Yes	No	Yes	No	
Doe John	SELF	M	01/12/78	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	111-22-2333
Doe Jane	Spouse	F	08/02/84	38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	444-55-5666
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are there additional people in your home? ☐ YES ☒ NO

If "YES," list them on a separate sheet of paper.

Home Address (include apartment or unit number)

123 Sample Street

City

Sample Town

State

MN

Zip

12345

Mailing Address (If different from your home address.)

City

State

Zip

Home Phone

() 414-2285

Day/Message/Cell Phone

() 122-3453

E-mail Address

johndoe@gmail.com

*List the names of non-citizen household members authorized as legal residents of the United States:

Jane Doe

*Provide copies of the front and back of their I-551 (Resident Alien Card) with this application.

B. DWELLING INFORMATION

Renters: Provide a complete signed copy of rent or lease agreement dated within the last 12 months, listing every person living in the home(s). If subsidized, provide signed Housing documents listing every person in the home, rent and utility rebate.

Buyers/Owners: Provide copy of mortgage statement, or proof of payoff, or current tax information.

- Dwelling Type: ☐ House ☐ Apartment ☒ Condo/Townhome ☐ Rent Room ☐ Mobile Home
☐ Duplex ☐ Motel/Hotel ☐ Studio ☐ Travel Trailer ☐ Other: _____
- Dwelling Cost: ☒ Rent \$2000 ☐ Subsidized Rent \$ _____ ☐ Space Rent \$ _____
☐ Buy \$ _____ ☐ Own When did you pay off your mortgage? _____
- Rent/Buyers only: Landlord, Project/Complex, Mortgage Company Name: Big Corp Landlord
Address: 456 Landlord Town Telephone No.: () 314-8888
- Do you reside in subsidized housing where heating and electric are included in the rent? ☐ YES ☒ NO
IF YES, select all that apply: ☐ Section 8 ☒ Section 42 ☐ Other: _____

C. HELP US BETTER SERVE OTHERS

How did you hear about the Energy Assistance Program? Check one that most applies:

- | | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> TV | <input type="checkbox"/> Friend | <input type="checkbox"/> Previous EAP Participant | <input type="checkbox"/> Other: Please identify _____ |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Landlord | <input type="checkbox"/> Received Notice in Mail | |
| <input type="checkbox"/> Print Media | <input checked="" type="checkbox"/> Utility Company (flyer or employee) | <input type="checkbox"/> Social Service Employee | |