

Low Income Energy Assistance Program Application (LIEAP)

This program provides assistance to help pay home energy costs. Mail or take this completed form to the local SRS office in the county in which you live. If you are unable to do so or you do not know the address, please call 1-800-432-0043. The completed application must be received by the SRS no later than close of business on **the final business day of March**. You must enclose proof of utility account(s) and income for all household members. Make sure you completely answer all questions and have all adults in the household sign the application.

Si necesita ayuda para llenar esta forma, comuníquese con su oficina local de SRS y se le proporcionará un intérprete sin ningún costo para usted. Este formulario también se encuentra disponible en español. (If you would like help completing this form, notify your local SRS office and an interpreter will be provided at no cost to you. This form is also available in Spanish.)

For Office Use Only	
Case Number:	_____
Date SRS Received Application:	_____
Case worker ID#	_____
County:	_____
Priorities:	P1 P2
Approval / Approval After Denial / Supplemental / Denial / Denial After Denial	_____
Benefit Level:	_____
Reason:	A B C E F G H I J K L N

1. Household Information. First, list the person whose name is on the utility bill if they reside in your household, otherwise list yourself on line 1 followed by all other persons who are currently residing at this address. Attach an additional sheet as needed. (Race Codes: A=Asian, B=Black, H=Hispanic, N=Native American, W=White, O=Other)

Name (Last, First, MI)	Social Security Number	Date of Birth	Sex M or F	Race -List all that apply (optional)	Citizen or Legal Resident	Disabled
1)					Yes / No	Yes / No
2)					Yes / No	Yes / No
3)					Yes / No	Yes / No
4)					Yes / No	Yes / No
5)					Yes / No	Yes / No
6)					Yes / No	Yes / No
7)					Yes / No	Yes / No
8)					Yes / No	Yes / No
9)					Yes / No	Yes / No
10)					Yes / No	Yes / No

Street Address where you live _____ City _____ State _____ Zip _____ County _____

Name and Mailing Address that you prefer your mail to be sent to only if different from the address listed above. (Please check the correct box.) Is this your Guardian Conservator SSI payee Other? Please list: _____

2. Have you ever applied for LIEAP before? Yes No If yes, when? _____ County: _____

3. Language preferred, if other than English. Written: _____ Spoken: _____ Sign Language Yes No

4. If you are currently in an emergency situation with your utilities, circle the letter of all that apply. You must enclose proof of the disconnect, otherwise the case will not be considered an emergency.

- A.** Your household is **currently disconnected** from utility service. Please list date of disconnect: _____
- B.** You are out of or have very little propane or wood to operate your primary heating fuel source. Please list estimated percentage on hand %: _____
- C.** Someone in your household is using medical life support equipment operated by electricity.
- D.** Your utilities will actually be disconnected within 48 hours. Please list date of disconnect: _____

5. Does anyone in the household receive food stamp benefits? Yes No

6. Complete the information listed below for any person(s) who receives any money from:		Name of Person Income Is For	Monthly Amount	For Office Use Only
CS	Child Support/Alimony (provide copy of court order)			
CA	General Assistance (GA)			
IR	Interest Income greater than \$50 per month (provide proof)			
RR	Railroad Retirement or Other Pensions			
SS	Social Security Administration Benefits			
SI	Supplemental Security Income (SSI)			
CA	Temporary Assistance to Families (TAF)			
UC	Unemployment Benefits			
VA	Veteran's Admin. Benefits (provide copy of claim number)			
WA	Gross Wages, Salaries, Tips, Commissions			
	Hourly rate: _____ Hours per week: _____ Name and address of employer: _____		How often paid: _____	
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	Hourly rate: _____ Hours per week: _____ Name and Address of Employer: _____		How often paid: _____	
WA	Gross Wages, Salaries, Tips, Commissions			
	Hourly rate: _____ Hours per week: _____ Name and Address of Employer: _____		How often paid: _____	
SE	Self Employment/Farm Income (provide copy of complete tax return)			
OT	Other (please list)			

Note: You must provide proof of income. Please enclose pay stubs, employer statements, etc. for all income other than social security, SSI, TAF, GA, or UC.

7. Is anyone on strike? Yes No If yes, name of person:

8. **Fuel Bill. Circle the letter of the statement that describes how you pay your heating fuel bill.**

A. The fuel bill is in your name or the name of another household member. Name:

B. Your heating cost is included in your rent. Landlord's name and telephone number:

C. Your fuel bill is in your landlord's name and you pay either the landlord or the fuel company. Landlord's name and telephone number:

D. Your fuel bill is in the name of someone other than an adult household member or your landlord. Name and relationship:

9. Dwelling Type. Circle the letter which best describes where you live.

H	One family house, modular home, mobile home	T	Travel trailer, camper, RV
D	Duplex (2 units in building)	G	Group Home
A	Apartment (3 or more units in the building)	N	Nursing Home
O	Other. Please list:		

10. Do you live in Subsidized Housing (Section 8, Public or Senior Housing)? Yes No

If yes, please list name and telephone of landlord and/or unit:

11. Fuel Type. Circle the letter which describes the fuel used by the heating system built into your home.

G	Natural Gas from Underground Lines
E	Electricity
O	Other (Propane or bottled gas, kerosene, fuel oil, coal or wood). Please list type: _____ Name and federal tax number of wood vendor:

12. Heating System. Circle the letter which best describes the heating system built into your home, even if currently not being used.

G	Central Gas Furnace	F	Floor or Wall Furnace
R	Steam or Hot Water Radiators	V	Vented Freestanding Stove
E	Central Electric Furnace	S	Solar Heating System
W	Wood Stove or Fireplace	H	Baseboard Heaters

Do you use this system? Yes No If no, why?:
Please list alternate system being used:

13. Have you made payments on your heating bill in at least 2 of the last 3 months? Yes No
If your utilities are included in the rent, have you paid the rent in at least 2 of the last 3 months? Yes No
If you have a credit on your utility bill, please list the amount of the credit: \$

14. Issuance Options. Circle A or B below which indicates how you would like your benefit issued. You may only make this choice one time for the benefit year. All payments will be made according to this choice. If neither is verified your entire benefit will go to the heating vendor.

- A.** Make all of my energy benefit payable to my heating vendor. **Enclose a copy of your heating bill.**
- B.** Split my energy benefit (½ to my heating vendor and ½ to my electric vendor). **Enclose a copy of both bills.**

15. Please list the name of any helping agency or organization that helped you complete this application:

The Kansas Weatherization Assistance Program assists low-income households to get home repairs that help lower their energy bills. For more information about weatherization, please call the toll-free Housing Information Line at 1-800-752-4422.

