Low Income Energy Assistance Program

www.ks-energy-assistance.com

This program provides assistance to pay for home energy costs. You can fill out an application online at **www.ks-energy-assistance.com** or mail this completed form to the **LIEAP Processing Center, PO Box 187, Halstead, KS, 67056** . The completed application must be received by the close of business the last 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.***
If you have questions please call 1-800-432-0043. Please print clearly and neatly as possible within the red boxes.

Funding provided by US Department of Health & Human Services, Office of Community Services – Low Income Home Energy Assistance Program

1. List person whose name is on the utility bill if they reside in your household, otherwise list yourself.

Last Name | First Name | MI

Social Security Number (###-##-####) | Date of Birth (MM-DD-YYYY) | Sex (M F)

Are you a Citizen or Legal Resident? Yes No

Are you Disabled? Yes No

Race (A-Asian, B-Black, H-Hispanic, N-Native American, W-White, O-other)

STREET ADDRESS WHERE YOU LIVE

Street Number | Street Name

Apt./Suite | County

City | State | Zip

Name and mailing address that you prefer your mail to be sent to, only if different from the address above.

Last Name | First Name | MI

Street Number | Street Name | Apt./Suite

City | State | Zip

Please check the correct box: G C S O

Is this your? Guardian Conservator SSI Payee Other Please list

List Persons who are currently residing at this address. Attach additional sheet as needed.

Name Last	First	MI	Social Security Number	Date of Birth	Disabled	Race	Sex M/F	Citizen or Legal Resident
1)			###-##-####	MM-DD-YYYY	Y			Y
2)			###-##-####	MM-DD-YYYY	Y			Y
3)			###-##-####	MM-DD-YYYY	Y			Y
4)			###-##-####	MM-DD-YYYY	Y			Y
5)			###-##-####	MM-DD-YYYY	Y			Y
6)			###-##-####	MM-DD-YYYY	Y			Y
7)			###-##-####	MM-DD-YYYY	Y			Y
8)			###-##-####	MM-DD-YYYY	Y			Y
9)			###-##-####	MM-DD-YYYY	Y			Y

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2. Have you ever applied for LIEAP before? Y If yes, when? M M Y Y County

3. Language preferred, if other than English

A-Arabic B-Serbo Croatian C-Cantonese F-French
G-German H-Hindi I-Italian K-Korean L-Lao
M-Mandarin O-Other P-Portugese R-Russian
S-Spanish U-Urdu V-Vietnamese

Written: Spoken: Sign Language Y

4. If you are currently in an emergency situation with your utilities, please check box beside 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. Date of Disconnect: MM-DD-YYYY

B You are out of or have very little propane or wood to operate your primary heating fuel source. 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. Disconnect Date: MM-DD-YYYY

5. Does anyone in the household receive food assistance benefits? Y N

6 **Complete the information listed below for any person(s) who receives any money from:**

		Name(s) of Person(s) Income is For	Monthly Amount:
CS	Child Support/Alimony (provide copy of court order)		$, . 0 0
CA	General Assistance (GA)		$, . 0 0
IR	Interest Income greater than $50 per month (provide proof)		$, . 0 0
RR	Railroad Retirement or Other Pensions		$, . 0 0
SS	Social Security Administration Benefits		$, . 0 0
SI	Supplemental Security Income (SSI)		$, . 0 0
CA	Temporary Assistance to Families (TAF)		$, . 0 0
UC	Unemployment Benefits		$, . 0 0
VA	Veteran's Admin. Benefits (provide copy of claim number)		$, . 0 0
WA	Gross Wages, Salaries, Tips, Commissions		$, . 0 0 $, . 0 0

Hourly Rate: $. Hours per Week: How often paid:

Name of Employer

Address of Employer

WA	Gross Wages, Salaries, Tips, Commissions		$, . 0 0 $, . 0 0

Hourly Rate: $. Hours per Week: How often paid:

Name of Employer

Address of Employer

	Name(s) of Person(s) Income is For	Monthly Amount:
SE	Self Employment/Farm Income (provide copy of complete tax return)	$, . 0 0
OT	Other (please list)	$, . 0 0

7. Is anyone on strike? If yes — Last Name: Last | First: First | MI: MI

8. Fuel Bill. Place "X" over the letter which describes how you pay your heating fuel bill

A The fuel bill is in your name or name of another household member. Enter Name in space provided below.

B Your heating cost is included in your rent. Enter landlord's name and phone number in the space provided below.

C Your fuel bill is in your landlord's name and you pay either the landlord or the fuel company. Enter landlord's name and phone number in the space provided below.

D Your fuel bill is in the name of someone other than an adult household member or your landlord. Enter household member or name and phone number in the space provided below.

Name: Last | First | MI — Telephone Number including area code: - -

9. Dwelling Type. Place an "X" over the letter which best describes where you live.

H One family house, modular home, mobile home
T Travel trailer, camper, RV
G Group Home
D Duplex (2 units in building)
N Nursing Home
A Apartment (3 or more units in the building)
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 number of landlord and/or unit in space provided below:

Landlord's Name: Last | First | MI — Telephone Number including area code: - -

11. Fuel Type. Place "X" over the letter which describes 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). List Type:

Name of wood vendor

Federal tax number of wood vendor

12. Heating System. Place an "X" over 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
E Central Electric Furnace
V Vented Freestanding Stove
H Baseboard Heaters
S Solar Heating System
W Wood Stove or Fireplace

Do you use this system? Yes No If no, why?

Please list alternative system being used:

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 Housing Information Line at 1-800-752-4422.

13. Have you made payments on your energy costs totaling $80 or more in the last 3 months? ***You must enclose proof of payment.*** Yes No

If your utilities are included in the rent, have you paid the rent in at least 2 of the last 3 months? ***You must enclose proof of payment.*** Yes No

If you have a credit on your utility bill, please list the amount of the credit: $

You must enclose a copy of your bill.

14. You may only make this choice one time for the benefit year. All payments will be made according to this choice. If neither is selected, 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.

YOU MUST SIGN BELOW - READ THE FOLLOWING CAREFULLY BEFORE SIGNING

√ I certify that all information I have provided is complete and accurate.

√ I understand that it is my responsibility to provide proof of income and other information needed to establish eligibility. I understand that my eligibility will be determined under the guidelines of SRS policy.

√ I understand that if I receive assistance as a result of withholding or providing false information, I must repay the cost of that assistance and may face criminal charges

√ I understand that each person is only allowed to receive LIEAP benefits in one household during the year, from only one agency. I may not receive LIEAP from SRS and United Tribes in the same year.

√ I understand that if my utility is Kansas Gas Service, or Westar Energy, my benefit will be sent directly to the utility.

√ I understand that I need to continue making regular payments to my energy provider and that any LIEAP benefits which may be received do not take the place of my responsibility to pay the vendor.

√ I understand that only one LIEAP benefit will be issued each calendar year, but that benefit may be split between heating and cooling vendors.

√ I understand that I may appeal application processing which exceeds 45 calendar days after I have submitted complete information. I understand that I may appeal any decision and that my request must be made within 30 days of my denial or benefit notice.

√ I authorize SRS, USA 800, or other designated agent to release application and benefit information to my energy vendors and community helping agencies.

√ I authorize my utility provider to release my payment history and energy consumption levels to SRS, USA 800 or other designated agent, and Weatherization agencies.

√ I authorize any investigation to establish my household's eligibility including release of bank, payroll and /or other records from business and other organizations.

√ I understand LIEAP is a federally funded program. Benefits are based on the amount of federal funds received and could be terminated at any time in which funding is unavailable.

√ I understand the completed application must be received in the LIEAP Processing Center by close of business, on the final business day of March. If you have questions, call 1-800-432-0043.

Signature of Adult Household Member/Conservator or Guardian Date Daytime Telephone Number

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The Kansas Department of Social and Rehabilitation Services provides equal opportunity in its services, activities and programs receiving Federal financial assistance regardless of participant's race, color, national origin, sex or disability status.