



Miami Dade Community Action Agency  
 Low Income Home Energy Assistance Program



**LIHEAP APPLICATION**

**For Office Use Only**

- Home Energy
  - Crisis
  - Disaster Assistance
- Stamp Date to the Right

**Did you remember to attach COPIES of the following ?**

- SS cards for all household members
- Proof of income for all household members (past month)
- Copy of identification for applicant only
- Copy and original of most recent energy bill

**PLEASE FILL OUT APPLICATION COMPLETELY**

Your LIHEAP application is not a commitment that your bill will be paid. If eligible, a credit will be sent directly to the utility vendor. However:  
**You must continue to pay the amount owed on your bill.**

- Give the following information for yourself first and then each person living in your home. If more than six persons live in your home, list the additional persons, giving the same information on a separate sheet of paper and attach to this form.

Marital status: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Name First, Middle, Last (Applicant Name)	Social Security Number	Date of Birth	Age	Sex	Race	Relationship to applicant	Education Completed	Source of Income	Monthly Income
						SELF			

2. The address where you are living:

\_\_\_\_\_, FL  
 Street Number and Name, RFD, Apt. or Lot No.      City or Town      Zip Code      County

3. Your mailing address, if different from above:

\_\_\_\_\_, FL  
 Street Number and Name, RFD, Apt. or Lot No.      City or Town      Zip Code      County

4. Day time telephone number where you can be reached: (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

5. If your monthly household income is less than \$738 per month, explain how you pay for food, shelter, clothing, transportation and home utilities.

\_\_\_\_\_  
 \_\_\_\_\_

6. Complete the following for your household:

Number of elderly persons (65 or older)      # \_\_\_\_\_  
 Number of disabled persons      # \_\_\_\_\_  
 Number of children 5 years of age or younger      # \_\_\_\_\_

7. If you share your living or mailing address with others who are not part of your home, list their names:

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

8. If you or anyone in your home are not a U.S. citizen or an alien lawfully admitted for permanent residence, give the person's name and alien status under the Immigration and Naturalization Act.

Name: \_\_\_\_\_ Alien Status: \_\_\_\_\_

9. Are you or any member of your household a member of the Porch Creek Indian Tribe? Yes \_\_\_\_\_ No \_\_\_\_\_



**LIHEAP ASSISTANCE APPLICATION**

15. Provide the following information about the primary source of energy you use to **heat** your home. Give only one company.

Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephone Number
Electric				
Natural Gas				
Propane				
Fuel Oil				
Wood				

16. Provide the following information about the primary source of energy you use to **cool** your home.

Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephone Number
Air Conditioning				
Fans				

17. If not given above in questions 15 or 16 provide the following information about your electric company.

Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephone Number

18. Attach a copy of your current bills for all companies listed above in questions 15, 16, and 17.

**FRAUD STATEMENT:** The information above is, to the best of my knowledge, true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medical needy or children reside. I authorize the agency to obtain and release confidential information on my behalf and to make benefit payments directly to my energy supplier. I am aware that after I have provided all the information requested, if I am applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application, and, if I'm applying for Home Energy Assistance, the agency has 45 days to approve or deny my application. I am aware that the agency has 45 days to make a payment to my fuel supplier on my behalf. I'm also aware that if I am approved or denied within the time allowed, or not approved for the correct amount, I have to right to an appeals hearing.

*I have received a copy of the Miami Dade County Notice of Privacy Practices.*

Return application to agency stamped below:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Eligibility Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/ Edit Staff

\_\_\_\_\_  
Date

**WEB APPLICATION**