



|                                   |
|-----------------------------------|
| Date: _____                       |
| Case name: _____                  |
| Case number: _____                |
| County number: _____              |
| Supervisor/worker number: __ / __ |

## Low Income Home Energy Assistance Program (LIHEAP) Walk-In Application

| FOR OKDHS USE ONLY. |                  |                    |              |                  |
|---------------------|------------------|--------------------|--------------|------------------|
| Payee number        | Application date | Certification date | Shelter code | Categorical code |

**Submit only one application per household.**

If your household is directly responsible for heating or cooling costs, you may apply for help in paying this expense by completing this application, and returning it to your local OKDHS office. At least one household member must be a U.S. citizen or an alien in lawful immigration status for your household to be eligible. If you or anyone in the household is Native American, you may apply either with OKDHS or with your tribe, but you cannot receive heating or cooling assistance from both.

Did anyone in your household apply for or receive Tribal LIHEAP assistance this year?  
 Yes    No

**I. Tell us about everyone who lives in the home starting with the adult head of household.** This person will be the payee. You must check yes or no in the U.S. citizen block and fill in the Social Security number for each person who wants benefits. If there are more than six persons in your household, attach another sheet of paper showing their information.

|   |                           |  |   |  |
|---|---------------------------|--|---|--|
| <b>Person 1.</b> Name of adult head of household  |                           | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | Date of birth   |  |
| U.S. citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Alien registration number |  | Social Security number  |  |
| Race - check all that apply<br><input type="checkbox"/> Black or African American <input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian or Alaskan native              Tribe: _____ |                           |  | Are you Hispanic or Latino?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Mailing address, street or P.O. Box   | City                      | State  | Zip   |  |
| Street address or directions to your home, if different than mailing address  |                           |  |   |  |
| Phone number where you can be reached   |                           |  | Email address   |  |

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>Person 2. Name</b>   |                           | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F                     | Date of birth   |
| U.S. citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Alien registration number | Social Security number   |   |
| Race - check all that apply<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan native |                           | <input type="checkbox"/> White<br><input type="checkbox"/> Asian<br>Tribe: _____ | Are you Hispanic or Latino?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>Person 3. Name</b>   |                           | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F                     | Date of birth   |
| U.S. citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Alien registration number | Social Security number   |   |
| Race - check all that apply<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan native |                           | <input type="checkbox"/> White<br><input type="checkbox"/> Asian<br>Tribe: _____ | Are you Hispanic or Latino?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>Person 4. Name</b>   |                           | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F                     | Date of birth   |
| U.S. citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Alien registration number | Social Security number   |   |
| Race - check all that apply<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan native |                           | <input type="checkbox"/> White<br><input type="checkbox"/> Asian<br>Tribe: _____ | Are you Hispanic or Latino?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>Person 5. Name</b>   |                           | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F                     | Date of birth   |
| U.S. citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Alien registration number | Social Security number   |   |
| Race - check all that apply<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan native |                           | <input type="checkbox"/> White<br><input type="checkbox"/> Asian<br>Tribe: _____ | Are you Hispanic or Latino?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>Person 6. Name</b>   |                           | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F                     | Date of birth   |
| U.S. citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Alien registration number | Social Security number   |   |
| Race - check all that apply<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan native |                           | <input type="checkbox"/> White<br><input type="checkbox"/> Asian<br>Tribe: _____ | Are you Hispanic or Latino?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

## II. Tell us about your income and resources.

Total household gross income from employment (before deductions): \$ \_\_\_\_\_

Total household income from sources other than employment: \$ \_\_\_\_\_

Do you receive financial help from any source to pay for your housing and heating or cooling cost?  Yes  No

If yes, who? \_\_\_\_\_

Total cash assets, including cash on hand, checking or savings accounts, certificates of deposit (CDs), and stocks or bonds: \_\_\_\_\_

## III. Tell us about your expenses.

Housing is:  rented  owned/buying  room only

Amount of rent you pay: \$ \_\_\_\_\_

If renting or rooming, does your rent include your heating or cooling bill?  Yes  No

You may be eligible for a medical expense deduction for household members who are disabled or age 60 or older. These costs could be doctor or hospital bills, medicine, transportation, health insurance premiums, or other medical services.

Please list monthly medical expenses here.

| Name | Type of expense | Monthly expense |
|------|-----------------|-----------------|
|      |                 | \$              |
|      |                 | \$              |
|      |                 | \$              |

Does anyone in your household PAY court ordered child support? Yes  No

If yes, please fill out the information below:

|                   |              |            |
|-------------------|--------------|------------|
| Who pays support? | How much?    | How often? |
| Who gets support? | Phone number |            |

## IV. Tell us about your primary source of heating or cooling fuel.

Only your utility bill for the current season will be considered for payment. Be sure to list the name of the company that bills you, because OKDHS will pay directly to the utility company.

**Natural gas or electricity** - Attach most recent bill or copy of bill.

|  |   |
|--|---|
| Company name                                   | Account number                              |
| Account name, as shown on your bill            | If the account is not in your name, explain |
| Address where gas or electric meter is located |   |

**Propane or butane.** I want my (check one):  propane  butane delivered by:

|   |
|---|
| Company or supplier name                                    |
| Mailing address of supplier                                 |
| Address where the fuel tank is located or fuel is delivered |

**Firewood, coal, oil, or kerosene.**

|  |
|--|
| For heating fuel, I use (check one):<br><input type="checkbox"/> firewood <input type="checkbox"/> coal <input type="checkbox"/> oil <input type="checkbox"/> kerosene |
|--|

Do you presently have a shut-off notice or is your fuel supplier refusing to deliver?  Yes  No

**V. Things you should know.**

You must contact your local OKDHS office to make an application for energy assistance.

If you move after submitting your application, even if the same company provides your heating or cooling fuel, you must report your new account number to the local OKDHS office.

If you have not received a notice of approval or denial within 10 days of submitting this application and providing needed proof, contact the local OKDHS office.

You have the right to appeal any delay in decision and any action of the local OKDHS office, which you consider improper by requesting a fair hearing. You or your representative may have access to records relevant to the appeals process. Requests for a fair hearing may be made at your local OKDHS office.

I certify under penalty of perjury that I have truthfully reported the citizenship status of every person in my household. I understand I must advise OKDHS if anyone in my household is not in lawful immigration status.

If OKDHS approves my household for benefits and it is later determined I made a false claim of United States citizenship or lawful immigration status for anyone in my household, a complaint will be filed by OKDHS with the U.S. Attorney, and I may be subject to criminal prosecution.

I hereby authorize OKDHS to make any necessary investigation of my household's financial situation and other conditions relating to eligibility, including, but not limited to, examination of my account with any public utility provider. I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits that he or she is ineligible to receive may be subject to prosecution to the fullest extent of the appropriate state or federal statute.

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Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Witness, if you sign with an X: \_\_\_\_\_  
Signature \_\_\_\_\_

OKDHS has assured compliance with Department of Health and Human Services (DHHS) Regulations, Title 45, Code of Federal Regulations, Part 80 and Part 84. These laws and regulations prohibit excluding from participation in, denying the benefits of, or subjecting to discrimination under any program or activity receiving federal financial assistance any person on the grounds of race, color, national origin or any qualified person on the basis of disability. Written complaints of noncompliance with either law should be made to the OKDHS Director, Box 25352, Oklahoma City, Oklahoma, 73125, or to the DHHS Secretary, Washington, D.C., or both.

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| <b>FOR OKDHS USE ONLY. Income computation:</b>                         |                                   |   |   |
| Gross earned income  | \$ _____                          | MINUS   |   |
| \$240 work related expense for each wage earner                        | \$ _____                          | PLUS  |   |
| Gross unearned income  | \$ _____                          | MINUS   |   |
| Legally binding child support, if eligible                             | \$ _____                          | MINUS   |   |
| Medical expenses, if eligible  | \$ _____                          | EQUALS  |   |
| Countable income of  | \$ _____                          |   |   |
| Household size: adults _____ children _____. Eligible amount: \$ _____ |                                   |   |   |
| <input type="checkbox"/> 60 or older                                   | <input type="checkbox"/> disabled | <input type="checkbox"/> 2 years old or under | <input type="checkbox"/> 3 to 5 years old |
| _____<br>Worker's signature  | _____<br>User identification no.  | _____<br>Supervisor/<br>worker no.            | _____<br>Date                             |