

## 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 <u>all</u> household members  [ ] Proof of income for <u>all</u> household members (past mor  [ ] Copy of identification for applicant only  [ ] Copy <u>and</u> original of most recent energy bill				
PLEASE FILL OUT APPI Your LIHEAP application	is not a commitment that	your bill will		_		edit will be sent on your bill.	t directly to the	he utility vendo	or. However:
	nformation for yourself first, giving the same information		-	_	-		_	sons live in you	r home, list
Marital status: Place of birth: Ethnicity: _					· ·	Citiz	enship:		
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

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

	, FL		
Street Number and Name, RFD, Apt. or Lot No.	City or Town, FL	Zip Code	County
Your mailing address, if different from above:			
	, FL City or Town		
Street Number and Name, RFD, Apt. or Lot No.	City or Town	Zip Code	County
Day time telephone number where you can be reached: ( ) _		( )_	
If your monthly household income is less than \$738 per month, eutilities.	explain how you pay for food	, shelter, clothir	ng, transportation and hor
Complete the following for your household:			
Complete the following for your household:  Number of elderly persons (65 or older)  *			
Number of elderly persons (65 or older) #			
Complete the following for your household:  Number of elderly persons (65 or older) #		r names:	
Number of elderly persons (65 or older) #	ot part of your home, list the		
Number of elderly persons (65 or older) #	ot part of your home, list the		
Number of elderly persons (65 or older) #	ot part of your home, list the	·	

LIHEAP ASSISTANCE APPLICATION Page 3 of 4

CSBGWeatherization	TANF/WAGES	Food Stamps	None
If you or any member of your household has receive	ved energy assistance in the las	t 13 months, complete the	e information below:
Name of Agency	Type of help (elderly	, crisis, emergency)	Date
Do any of the following situations currently apply	to you? (Check appropriate bo	x(es) below)	
<ul> <li>[ ] My electricity has been disconnected.</li> <li>[ ] My current electric bill is delinquent.</li> <li>[ ] I have a shut-off notice from the electric community.</li> <li>[ ] None of the above currently apply to my house.</li> </ul>	[ ] I have a pany. [ ] My curre		gas company.
If your cost of home energy is included in your ren landlord confirming that your rent includes utilities		mber of your landlord. A	ttach a copy of a letter from t
Landlord:	Landlord's Te	elephone Number ( )_	
If you live in government subsidized housing, Sect living facility, complete the following:	ion 8 housing complex, a dorm	nitory, nursing home, adu	lt foster home, or any kind of
Name of place where you live:			
		.FL	
Street Number and Name, RFD, Apt. or Lot Numb	er City or Town	Zip Code	Country

## LIHEAP ASSISTANCE APPLICATION

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					
Provide the following info	ormation about the primary so	ource of energy you use to <b>cool</b>	your home.		
Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephon Number	
Air Conditioning					
Fans					
If not given above in que	stions 15 or 16 provide the fol	lowing information about your	electric company.		
Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephon Number	
TATEMENT: The information above hose households in which the elderly, oplier. I am aware that after I have prova, and, if I'm applying for Home Energ that if I am approved or denied within	e is, to the best of my knowledge, true and c disabled, medical needy or children reside. I wided all the information requested, if I am a y Assistance, the agency has 45 days to appr	omplete. I understand that priority in providing authorize the agency to obtain and release compplying for crisis assistance, the agency has 48 ove or deny my application. I am aware that the trect amount, I have to right to an appeals hearing	g assistance will be given to those househ- fidential information on may behalf and to hours; 18 hours if my situation is life thre he agency has 45 days to make a payment ing.	o make benefit payments directly to neatening, to approve or deny my	
		Return	application to agency stamped be	elow:	
Applicant's Signature		Return	application to agency stamped be	clow:	
Applicant's Signature	Date		application to agency stamped be  VEB APPLICATION	clow:	
Applicant's Signature  Eligibility Worker Signature	Date			elow:	