APPLICATION: LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SFN 529 (1-2023)

Clear Fields

FOR OFFICE USE ONLY

Date Received	Case Number

WHAT IS LIHEAP?

The Low Income Home Energy Assistance Program (LIHEAP) helps pay part of the heating bills (meter read dates/deliveries) from October through May for the home you live in if …….

- You are a home owner or renter and you pay your own heat bills.
- Your rent payment includes your cost of heat and you are not receiving housing assistance.

Applications are accepted from October 1 through May 31 (end of business day) or until program funds are used up, whichever comes first. If May 31 falls on a weekend or holiday, the deadline for signed applications will be the end of the first work day following May 31. Applications received June 1-September 30 are limited to Cooling (if available) or Emergency Home Energy Services **only** as the regular heating season has ended.

LIHEAP APPLICATION

Please read the application carefully. Answer each question completely with printed or typed answers. Attach another sheet if you need more space to answer questions.

If you are mailing in your application, send it to the Customer Support Center. If you are applying in person, return the completed application to your local human service zone office. Failure to answer each question and provide required verifications may delay processing of your application or result in a denied application. Applications that are not signed will be returned. You can contact your Customer Support Center if you have questions about completing this application, need help getting verifications or if you need a translator. A worker may ask to schedule an interview to better assist in the application process. Tell the worker if it causes a hardship for you to get to the office so other arrangements can be made.

All verifications should be submitted within 30 days from the date a completed application (completed, signed and dated) is received by your regional eligibility team. You will be sent a “Notice of Action” letter within 45 days letting you know whether you qualify.

HEAD OF HOUSEHOLD

Fill in the information about the person living in your home who is the “head of household”. Usually this should be the same person whose name is on the heating bill.

Name		Email Address	
Home Telephone Number		Cell Phone Number	
Physical Address			
City	State	ZIP Code	County
Have you lived at this physical address since September 1? ☐ Yes ☐ No - Date you moved in:			
Mailing Address (if different than physical address)			
City	State	ZIP Code	County

HOUSEHOLD INFORMATION

Federally Recognized Tribe

Are you or any household member enrolled in a federally recognized Tribe? ☐ Yes ☐ No

If YES, list the name of the enrolled member(s),Tribe/State Affiliation, and their tribal enrollment numbers(s)

Name	Affiliation	Enrollment Number
Name	Affiliation	Enrollment Number
Name	Affiliation	Enrollment Number

Disability

Do you or any member of your household have a disability? ☐ Yes ☐ No

If YES, who has the disability?

Other Programs

Indicate the following programs you currently applied to receive by using "X"

- ☐ Health Care /Medicaid
- ☐ Housing Assistance
- ☐ General Assistance
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Child Care Assistance Program (CCAP)

Head of Household or Spouse

Does the **head of household** or **spouse** reside away from home for **education** or **work** purposes? ☐ Yes ☐ No

If YES:

Specify: ☐ Head of Household ☐ Spouse	Name	Reason ☐ Education ☐ Work

Codes are listed below

Household Members	Relationship to You	Social Security Number	Date of Birth	Age	Gender	Last Grade Completed	School Status	US Citizen (yes or no)	Race	Ethnicity
	SELF									

Examples of relationships to you: spouse, mother, father, son, daughter, grandma, grandpa, aunt, uncle, cousin, brother, sister, step-mother, step-father, step-son, step- daughter, foster child, foster parent, niece, nephew, not related.
Gender Codes: M - Male; **F** - Female
School Status codes: **Full** - Full time, **Part** - Part time, **LP** - Less than part time, **NIS** - Not in School
Race Codes: AL- American Indian/Alaska Native; **AP**- Asian; **BL** - Black/African American; **HP** - Native Hawaiian/ Pacific Islander; **WH** - White; **O** - Other
Ethnicity codes: NH - Non-Hispanic/Latino; **C** - Cuban; **M**- Mexican/Mexican American/Chicano; **P** - Puerto Rican; **O** - Other

*The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of your social security number (SSN) is voluntary and it is requested for identification purposes. Failure to disclose SSNs will not affect participation in the program but could possibly delay processing your request.

INCOME

Proof is required for all income. You will need:

- **Wage earners:** Provide wage stubs showing gross earnings for last month and the current month. W2 forms are not acceptable
- **Self-employed person:** current, complete income tax return
- **Social Security, SSI, Veteran's benefits, worker's compensation, interest, dividends, pensions, rental income, etc.:** a recent award letter or copy of the monthly check, or record of automatic bank deposit
- **Unemployment compensation:** statement of eligibility from Job Service
- **Child support/alimony:** printout of payments received
- **Regular contributions from friends/relatives:** signed statement from the individual

List below the **GROSS** income of **ALL PERSONS** living in your home. Please attach proof of gross income for last month and current month. List anticipated income for next month.

ELIGIBILITY CANNOT BE DETERMINED WITHOUT THIS INFORMATION.

Wages/Tips: How often are you paid: Weekly (W), Bi-weekly (BW), Semi-Monthly (SM), Monthly (M), Other (O)

Household Members	Employer	How Often Paid	LAST MONTH Income	THIS MONTH Income	NEXT MONTH Income
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$

Comments about your income:

CHECK YES OR NO ON ALL QUESTION

Income: How often are you paid: Weekly (W), Bi-weekly (BW), Semi-Monthly (SM), Monthly (M), Other (O)

Source of Income	Yes	No	Household Members(s)	How Often Paid	LAST MONTH Amount	THIS MONTH Amount	NEXT MONTH Amount
Social Security	☐	☐			$	$	$
Social Security	☐	☐			$	$	$
SSI	☐	☐			$	$	$
Pensions (including Veteran Benefits)	☐	☐			$	$	$
Annuities	☐	☐			$	$	$
Rental Income	☐	☐			$	$	$
Interest Income	☐	☐			$	$	$
Spousal/Child Support	☐	☐			$	$	$
Workers Compensation	☐	☐			$	$	$
TANF	☐	☐			$	$	$
Unemployment Benefit	☐	☐			$	$	$

Other Income received or anticipated from last June 1st to next May 31st. Please provide verification

Source of Income	Yes	No	Household Member(s)	Amount	Date Received	Date Anticipated
Self-Employment (tax form)	☐	☐		$		
Mineral Lease/Royalties	☐	☐		$		
Lump Sum Payments	☐	☐		$		
Individual Indian Monies	☐	☐		$		
Tribal Payments	☐	☐		$		
Trusts	☐	☐		$		
Contract Payment	☐	☐		$		
Yearly Payments	☐	☐		$		
Inheritance	☐	☐		$		
Other Income	☐	☐		$		
If YES to Other Income, Specify						

Does anyone outside your household deposit money into a household member's bank account?
☐ Yes ☐ No If yes, explain:

EXPENSES

Certain expenses paid may be deducted from your gross income.
Attach another sheet if need more space to answer the question below.

Check the type of expense(s) the household members have paid since June 1 and list the details below.

- ☐ Child Care (not reimbursed by anyone)
- ☐ Child Support
- ☐ Spousal Support
- ☐ Court Ordered Garnishments
- ☐ Representative Payee
- ☐ Medical Prescriptions
- ☐ Medical Expenses
- ☐ Health and Hospitalization Insurance Premiums

Have you received or intend to receive reimbursement for any of these medical expenses from insurance or from the Veteran's Administration?

☐ Yes ☐ No

All items in this section MUST be VERIFIED

Frequency: Is this expense ongoing?

- If no, answer one-time.
- If yes, answer weekly, bi-weekly, semi-monthly, monthly, quarterly, annually or other.

Type of Expense	Who is Expense For	Amount Paid	Date Paid	Frequency

Other (explain)

HOUSING

Type of Home

☐ House ☐ Mobile Home ☐ Apartment Building (3 or more units) ☐ Duplex (2 units)

Does your furnace heat other units?
☐ Yes ☐ No

Is the living unit a split level?
☐ Yes ☐ No

Split level: “split foyer” or “raised ranch” style homes generally have 4-5 feet of the lower level above ground level and exposed to the outside air.

Number of Bedrooms:

Main Floor	Upstairs Floor	Basement

Rent Status:

Do you?

☐ Own ☐ Rent

IF you RENT, attach a copy of your lease and your most recent rent receipt.

Renters:
Renters whose heating costs are included as an undesignated portion of their rent payment and are not on low-income housing assistance or live in subsidized housing will receive a monthly LIHEAP renter payment during the LIHEAP heating season, generally mailed out the third Thursday of each month.

Does your rent include the cost of heating?

☐ Yes - My rent **includes** the cost of my heat.

☐ No - My rent does **not include** the cost of my heat, as I am responsible to pay the heat bills.

Low-income housing assistance/subsidized housing is when your rent is partially paid by an outside group. **Do you receive any low-income housing assistance or have subsidized rent?** ☐ Yes ☐ No		
Landlord's Name	Landlord's Telephone Number	Amount of rent you pay $

HEATING (Attach a copy of your most recent heating bill)

Primary Heat Source:

What is your primary type of heat?

☐ Natural Gas ☐ Electricity ☐ Propane ☐ Fuel Oil ☐ Coal ☐ Other

Non-installed appliances such as space heaters or electric fireplaces are not an allowable heat type.

Renters: Contact your landlord if you do not know the type of heat your home uses.

Besides providing heat for your house, does this source provide fuel and/or power for any other buildings, machinery, vehicles or any other uses? ☐ Yes ☐ No

If YES, Explain

Automatic Payments (auto pay): the vendor automatically withdraws your monthly payment from your bank account.

Are you currently on auto pay? ☐ Yes ☐ No

If YES, do you want LIHEAP to pay your vendor while on autopay?

☐ **YES**, I would like LIHEAP to pay my vendor. I am aware if my vendor has not received my LIHEAP payment they may pull the money from my bank account to pay my bill. Once the vendor receives the LIHEAP payment, the LIHEAP payment will be applied to my account with my vendor.

☐ **NO,** I would like to continue to pay my bill each month and turn my paid bills in each month to the county office for reimbursement.

Have you recently received a shut-off notice? ☐ Yes ☐ No	If YES, Shut-Off Date
Do you need fuel immediately? ☐ Yes ☐ No	If YES, Approximate Remaining Quantity
Name of Primary Heating Supplier	City
Name on Primary Heating Account	Account Number on Primary Heating Bill

Secondary Heat Source:

LIHEAP may pay for a **secondary** heat source if it is used in a primary living space, such as a bedroom that is in use, a kitchen, a living room, or a family room. LIHEAP will not assist with payments for non-installed appliances such as space heaters or electric fireplaces.

Do you have a qualified secondary heating supplier? ☐ Yes ☐ No

If YES, what type?

☐ Natural Gas ☐ Electricity ☐ Propane ☐ Fuel Oil ☐ Coal ☐ Other

Name of Secondary Heating Supplier	City
Name on Secondary Heating Account	Account Number on Secondary Heating Bill

Utility Vendor (lights): Same as ☐ Primary vendor or ☐ Secondary vendor as listed above or ☐ Lights vendor below

Name of Utility Vendor	City
Name on Utility Account	Account Number on Utility Bill

PRIOR MONTHS' ELIGIBILITY AND REIMBURSEMENTS

LIHEAP may go back to determine eligibility for months prior to your application date **within the current heating season.** Each new heating season starts October 1. LIHEAP can assist with unpaid bills or reimburse you on the bills you have paid. **YOU MUST PROVIDE VERIFICATION** of your income, heating bill, and proof of payment (for reimbursement) for any months you are requesting assistance.

Please check the back months you are requesting assistance:
☐ October ☐ November ☐ December ☐ January ☐ February ☐ March ☐ April
Please check the back months <u>you have paid in full</u> and are requesting reimbursement:
☐ October ☐ November ☐ December ☐ January ☐ February ☐ March ☐ April

WEATHERIZATION AND OTHER SERVICES

If approved, your signature on this application will permit the Community Action Agency in your area to contact you about weatherization. To prevent a heating crisis and promote safety and energy conservation the following services are available. If approved for LIHEAP and interested in weatherization, contact your local Community Action Agency.

- **Weatherization services** can help you save money on your energy costs with no cost or obligation to you.
- **Self-Reliance Program** can help you with budget counseling.
- **Energy Share** can help you with non- heat utility bills in emergency situations.
- **Furnace/Chimney cleaning** can help you with the cost to clean and tune your furnace/chimney. See the LIHEAP brochure for price limits and eligibility.

FURNACE / CHIMNEY CLEANING

The eligibility worker will not be able to choose the vendor. Please contact the Customer Support Center if you need a list of vendors in your area.

Would you like to have your furnace cleaned? ☐ Yes ☐ No	If YES, Specify Furnace Vendor
Would you like to have your chimney cleaned? ☐ Yes ☐ No	If YES, Specify Chimney Vendor

APPLICATIONS RECEIVED JUNE 1 - SEPTEMBER 30

What are you applying for since the heating season (October 1 - May 31) has ended?

☐ **Cooling Assistance** can assist with a cooling device (an air conditioner or a fan, as the need dictates), if a member of the household is elderly (60 years of age or older) or has a documented medical need and is income eligible for LIHEAP. Cooling Assistance does not cover the cost to cool your home, it only covers the cost of the cooling device.

☐ **Emergency Home Energy Assistance** can assist a household, when there is a home emergency that may threaten the life of your family. You will also need to complete SFN 62, LIHEAP Emergency Application.

YOUR RIGHT TO APPEAL

You have the right to appeal and request a fair hearing if you disagree with any decision made on your Heating Assistance or Emergency Assistance application, or if you do not receive a written notice of the action taken on your Heating Assistance application within 45 days from the date your application is received. **Your written request for a hearing must be received within 30 days of the date of the notice of action.** Contact your Customer support Center for instructions on how to request an appeal or fair hearing.

NON-DISCRIMINATION POLICY

In accordance with Federal law, U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (HHS) policy, HHS is prohibited from discriminating on the basis of race, color, sex, including gender identity and sexual orientation, age, disability, national origin, religion, or status with respect to marriage or public assistance, and in some cases political beliefs.

Written **Discrimination Complaints Only** may be submitted to the following locations:

Human Service Zone Office (formerly known as County Social Service Office) Human service zone office locations: hhs.nd.gov/apply-help	Department of Health and Human Services Legal Division 600 E. Boulevard Ave Dept. 325 Bismarck ND 58505-0250 701-325-2311 711 TTY; FAX 701-328-2173 email: dhslau@nd.gov	Centralized Case Management Operations U.S. Department of Health & Human Services 200 Independence Avenue SW Room 509F HHH BLDG Washington, DC 20201 1-800-368-1019 TTY 1-800-537-7697; FAX 202-619-3437 email: ocrcomplaint@hhs.gov

A Civil Rights Complaint form (SFN 143) is also available in a pdf format at:
https://www.nd.gov/eforms/Doc/sfn00143.pdf

HOUSEHOLD REPORTING REQUIREMENTS
Report and provide verifications of these changes within 10 days of the date they occur to the Customer Support Center. Failure to report timely may cause an overpayment and case closure.

Report if:

- you **move** to a different home
- you change your **type of heat**
- there is **loss or addition of persons living with you**
- your low-income housing assistance/rent subsidy **status changes** (starts or ends)

READ, SIGN AND DATE THE APPLICATION
I certify that the information given above is true, correct and complete to the best of my knowledge. I understand that knowingly giving false information may result in a fine, imprisonment or both, and that I must pay back any benefits received as a result of giving wrong information. I agree to notify the Customer Support Center whenever I have changes that were mentioned in the household reporting requirements section, and to refund upon request the value of unused fuel purchased by LIHEAP.

I/We authorize:

- this agency to verify information affecting my/our energy assistance eligibility and benefits;
- any person having custody or knowledge of the information relating to me or other household members to disclose any requested information, including confidential information other than protected health information, to any authorized agent to the Department of Health and Human Services;
- Child Support to release any records of any child support payment that I/we have made or received;
- my/our heating and electric vendors to give data about my/our account, usage and billing information to the Department of Health and Human Services (HHS), Human Service Zone offices and HHS contractors for the Energy Assistance Program, Weatherization Program, and Federal reporting.

I acknowledge that I have read the information regarding non-discrimination.

☐ I understand that by checking this box and typing my name, I am signing this SFN 529 application.
I agree that my electronic signature is the legal equivalent of my handwritten signature.

Signature	Date
Signature	Date
Worker Signature	Date

Community Options (if applicable)

LIHEAP Outreach Worker Name	Location	Date

Return your signed and dated application to your local human service zone office
OR
Submit by mail to:
Department Of Health and Human Services
Customer Support Center
PO Box 5562
Bismarck ND, 58506
OR FAX: (701)-328-1006
OR Email: **applyforhelp@nd.gov**

For questions call Customer Support Center at: 1-866-614-6005

Human service zone office locations can be found here: https://www.hhs.nd.gov/human-service/zones

THIS APPLICATION WILL BE PROVIDED IN AN ALTERNATE FORMAT UPON REQUEST.