

Fiscal Year 2012
 Low Income Home Energy Assistance Program (LIHEAP)
 Standardized Application Items and Authorization
 THIS IS NOT AN OFFICIAL APPLICATION
 APPLICANTS MUST APPLY AT A LOCAL LIHEAP (“FUEL ASSISTANCE”) AGENCY

HOUSEHOLD INFORMATION: The following information must be collected from each household.

Agency Name: _____ (the “AGENCY”) Application Number: _____

Application Type: (New / Re-certified). If re-certified, number of years in LIHEAP: ____

o How did you hear about the LIHEAP (“fuel assistance”)? (for new clients only)

- Another program (internal referral) Media An outside agency (external referral)
 Family/Friend Energy Bucks
 Other: _____ (SNAP, word-of-mouth, website, flyer or brochure, etc.)

o Do you speak and understand English? (Yes/No). If “No,” which language(s) do you speak and/or understand? _____

INDIVIDUAL INFORMATION: The following information must be collected from each member of a LIHEAP applicant household, including the “Head of Household.” Applicants cannot be denied benefit for failure to provide a Social Security Number.

Last Name:	First Name, Middle Initial:	Date of Birth (MM/DD/YYYY):
Age (0 - 12 months or yrs.):	Gender (Male/Female):	Social Security Number (all 9 digits):

INCOME SOURCE(S): Total income (before taxes) and income source(s) for all adult members (age 18 or over) of households, including the Head of Household. Certain fixed income and income sources for minors must be documented and counted.

- No Income (“0” Income), if yes, attach a completed Low Income/No Income Form
- Wages (including bonuses, tips, overtime, strikers benefit)
- Self-Employment Income
- Social Security
- Supplemental Security Income (SSI)
- Transitional Assistance for Needy Families (TANF)
- Emergency Aid to Elders, Disabled and Children (EAEDC)
- Unemployment Benefit
- Veterans Benefit
- Retirement/Pension Income and Annuities
- Workers Compensation (including temporary disability insurance payments)
- Interest Income/Dividends (if yes, provide information on the following and supply the most recent statement):

- Savings Account Checking Account Certificates of Deposit (CD) Stocks/Bonds
 Trust Fund Pension/retirement funds/IRA Inheritances

- Rental Income (less allowable deductions)
- Alimony/Child Support
- Odd Jobs Employment Income
- Other Income
- Income from lump sum receipt(s): Stocks/Bonds Capital Gains Royalties
 Inheritances Insurance Payments¹
 One time Alimony or Child Support² Pension/retirement³ Lottery winnings

¹ Excluding third-party payments from those including personal injury and life insurance payments.

² Paid in lump sum in lieu of monthly payments.

RACE AND ETHNICITY: Race and Ethnicity information should be collected from all household members. Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Hispanic, Latino, or Spanish | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian (for example, Asian Indian, Chinese, Korean, etc.) |
| <input type="checkbox"/> Not Hispanic, Latino, or Spanish | <input type="checkbox"/> White | <input type="checkbox"/> Hawaiian or Pacific Islander |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |

EDUCATION LEVEL: For Adults, 24 years old or older, please check your highest level of education.

- | | | |
|--|--|---|
| <input type="checkbox"/> 0 – 8 th grade | <input type="checkbox"/> 9 th grade - 12/non-graduate | <input type="checkbox"/> High School graduate |
| <input type="checkbox"/> Some postsecondary | <input type="checkbox"/> 2 or 4 year college graduate | |

OTHER CHARACTERISTICS ABOUT YOU OR YOUR HOUSEHOLD:

Health Insurance Type

- | | | | | |
|---|---|-------------------------------------|--|--|
| <input type="checkbox"/> Private | <input type="checkbox"/> Medicare | <input type="checkbox"/> MassHealth | <input type="checkbox"/> Commonwealth Care | <input type="checkbox"/> Commonwealth Choice |
| <input type="checkbox"/> Other: (specify) | <input type="checkbox"/> None (no health insurance) | | | |

Disability

- Is any member of the household physically or mentally handicapped? (Yes/No)*

HOUSEHOLD INFORMATION: The following information must be collected from each household.

MAILING ADDRESS:

Street Number:	Street Name:	Street Suffix (St., Ave. Blvd.):	Apartment # (if any):	City or Town: *	State:	Zip Code:
Area Code:	Phone Number:					

* Standard City or Town name must be used.

Do you currently live and will you live at this address during the heating season (November – April)? Yes No

HOME ADDRESS (IF DIFFERENT FROM ABOVE):

Street Number:	Street Name:	Street Suffix (St., Ave. Blvd.):	Apartment # (if any):	City or Town: *	State:	Zip Code:
Area Code:	Phone Number:					

Do you currently live and will you live at this address during the heating season (November – April)? Yes No

FAMILY TYPE:

- | | |
|---|--|
| <input type="checkbox"/> Single Parent/Female Head of Household | <input type="checkbox"/> Single Parent/Male Head of Household |
| <input type="checkbox"/> Two-Parent Household | <input type="checkbox"/> Single Person |
| <input type="checkbox"/> Two Adults (no children) | <input type="checkbox"/> Other (for choices that are not listed above) |

FAMILY SIZE:

³ Only applies to applicants who are 59 ½ years of age or older.

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- Number of people in the household (Do not include Foster children)

HOUSEHOLD QUESTIONS:

- *Is any member of the household a U.S. Veteran? (Yes/No)*
- *Does any member of the household receive SNAP (Food Stamp)? (Yes/No)*
- *Do you receive Foster Care payments? (Yes/No)*
- *If available, would you be interested in receiving information about benefits not related to fuel assistance? (Yes/No). If yes, specify: _____*

HOUSING TYPE:

- Single Family Condominium Two-Family Three-Family Apartment (more than 3 unit)
- Mobile Home Other

HOUSING STATUS, SUBSIDY, AND COST OF HOUSING:

- Own Rent Other (specify)

RENTER INFORMATION: The following information must be collected from all renter applicants.

Landlord's First Name:	Landlord's Last Name:	Street Number:	Street Name:	Street Suffix (St., Ave. Blvd.):	Apartment # (if any):
City or Town: *	State:	Zip Code:	Area Code:	Phone number:	

* Standard City or Town name must be used.

- *Do you live in public or subsidized housing? (Yes/No). (If "Yes," type of subsidy (circle one): HCVP (Section 8), MRVP, AHVP, Chapter 707, other, not known.*
- *Housing Cost: \$_____ (Monthly)*
- *Do you own a real estate other than your primary home where you currently reside? (Yes/ No)*
If yes, type/use of second home: _____ Assessed value of second home: \$____

Energy Conservation:

- *Do you pay for your own heat? (Yes/No)*
- *How do you heat your home? (Oil, Natural Gas, Coal, Kerosene, Firewood, Propane, Electric, Other)*
- *Is heat included in the rent? (Yes/No)*
- *Do you share your heating system? (Yes/No)*
- *Does the heating system need repair? (Yes/No)*
- *Do you need information about how to save on energy costs? (Yes/No)*

HEATING COMPANY INFORMATION (as it appears on the bill):

- Heating Company's Name:
- Name on heating bill (if different from applicant's or person applying):
- Heating account number:
- Did you receive a disconnection notice or did your heating oil company refuse to deliver fuel within the last 12 months? Yes/No.
- Have your services been disconnected or have you been out of fuel within the last 12 months? Yes/No.
- Has your heat been restored by fuel assistance within the last 12 months? Yes/No.

ELECTRIC COMPANY INFORMATION (as it appears on the bill):

- Electric Company's Name:

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- Name on electric bill (if different from applicant's or person applying):
- Electric account number:

GAS COMPANY INFORMATION (as it appears on the bill):

- Gas Company's Name:
- Name on gas bill (if different from applicant's or person applying):
- Gas account number:

**THIS 2-PAGE APPLICATION MUST BE COMPLETE AND SIGNED.
PLEASE SEE BOTH SIDES. PLEASE TURN OVER. → →**

I. LIHEAP APPLICANT DECLARATIONS:

I, the applicant, make the following declarations:

I UNDERSTAND that this is an application for LIHEAP benefits and the information on this application will be used to determine and verify my eligibility for the benefits of three (3) programs: (i) ***Fuel Assistance*** which helps pay the cost of home heating energy; (ii) ***Weatherization Assistance*** which makes homes more energy efficient and comfortable; and (iii) ***Heating System Assistance*** which helps keep heating equipment in good and efficient working order through maintenance, repair or replacement.

I UNDERSTAND that a copy of this application and any associated documentation will be forwarded by the local Agency identified on page 1 of this LIHEAP application for fuel assistance (the "AGENCY") to the Weatherization and Heating System Assistance programs, whether operated by the AGENCY or by a separate agency. I UNDERSTAND that if this is an application filed only for Weatherization or Heating System Assistance programs either during or after the fuel assistance enrollment period, it will not be treated as an application for LIHEAP benefits. I also UNDERSTAND that the AGENCY may **share** information concerning my application and benefits with the Massachusetts Department of Housing and Community Development (DHCD) for program purposes.

I UNDERSTAND that eligibility for LIHEAP benefits does not automatically guarantee eligibility for the Weatherization or Heating System Assistance programs since eligibility requirements are not identical. I UNDERSTAND that due to demand, the timing of receipt of Weatherization or Heating System Assistance benefits for which I am eligible, and which I accept, cannot be guaranteed. I also UNDERSTAND that my eligibility for LIHEAP benefits does not guarantee the receipt of such benefits, as funds allocated for this purpose may not be sufficient to serve all eligible households.

I CERTIFY under the penalties of perjury that all statements contained in this application are true to the best of my knowledge and that there is no understatement or misstatement of income or any other information on this application. I AUTHORIZE the AGENCY to contact any and all pertinent individuals, agencies and companies to verify the information contained in this application and to determine my household's eligibility. **I UNDERSTAND that I may be subject to criminal prosecution as a result of any fraudulent statements in this application or associated documents.** The AGENCY or DHCD may refer information concerning my application, including personal information indicating a violation of law, to the Attorney General or a District Attorney for investigation and enforcement. I further UNDERSTAND that all adult household members' income may be matched against the Wage Reporting System of the Massachusetts Department of Revenue (DOR) as disclosed in the Wage Match Notice below.

I UNDERSTAND that in the event I receive LIHEAP benefits and I am later determined to be ineligible, I shall be **fully liable** for the value of assistance received and that future benefits for which I become eligible may be reduced by any amount that I do not repay. I UNDERSTAND that I shall be **fully liable** for repayment for any fuel assistance benefits and/or the full value of any weatherization assistance or heating assistance labor and materials that I incorrectly receive as a result of any inaccurate, incomplete or fraudulent statements.

I DECLARE that I am the only person living in the household who has submitted this application for benefits, and that neither I nor any other member of my household has previously applied for assistance this program year. I AUTHORIZE the AGENCY to transfer any and all of this information to the appropriate agency in the event that I move to another agency's service area and request assistance at a new address.

I UNDERSTAND that I have a right to file an **appeal** of the AGENCY'S decision on my eligibility or benefits in accordance with the procedures of the program.

I have READ all of the above and AGREE, by signing at the bottom of this page, to the LIHEAP Applicant Declarations herein.

II. AUTHORIZATION FOR USE OF PERSONAL INFORMATION:

My signature below gives CONSENT for the information, which I provided on page 1 to be **shared** with other offices of the state and federal governments, their designated subcontractors and agents, my utility company(ies), and for my utility company(ies) to share information with other offices of the state and federal governments, and their designated subcontractors and agents. I AUTHORIZE the AGENCY to obtain a record of my annual energy consumption, cost, and billing information from my heating company for purposes of program evaluation or operation.

III. AUTHORIZATION FOR INFORMATION SHARING FOR HEATING AND UTILITY DISCOUNTS AND BENEFITS:

I AUTHORIZE the AGENCY to provide my heating company/utility and my secondary energy company/utility with information concerning my Fuel Assistance application if this could result in a discounted heating/energy bill. I further

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AUTHORIZE the **AGENCY** to **share** my name and address, identifying me as a fuel assistance recipient, with my telephone and other supplier/company/utility information if this could result in a discount or other benefit from the supplier/company/utility. The **AGENCY** may also request that I supply account number information for this purpose.

I UNDERSTAND that this authorization is for my benefit and *I do not have to agree in order to receive assistance under this application*. I have read the above authorization and agree to its terms by signing at the bottom of this page. If I do not agree, I shall so indicate below. I UNDERSTAND that if I check the box below, I will not receive a utility discount.

I do not agree to have my information shared for heating and utility discounts.

IV. WAGE MATCH NOTICE:

In accordance with state law (M.G.L.c. 62E), this **AGENCY** shall participate along with the DHCD in the Massachusetts Wage Reporting System (Wage Match). The income reported by fuel assistance, weatherization, and/or heating system assistance recipients may be matched with wages reported by employers to the Massachusetts Department of Revenue (DOR). We are asking you to provide or verify your social security number for this purpose. We are also asking all adult members of your household (18 years of age or older) to provide or verify their social security numbers for this purpose. You and adult household members do not have to provide or verify social security numbers to be determined eligible under this application for the fuel assistance, Weatherization Assistance, and Heating System Assistance programs.

If your household is included in the Wage Match, this **AGENCY** shall provide social security numbers, along with the names of the head of household and all adult household members, to DHCD. DHCD shall forward this information to DOR, or DHCD may match this information directly by computer. The income information you have reported to us for the fuel assistance, weatherization, and/or heating system programs shall be matched with wage/income information reported by employers to DOR. DOR shall provide DHCD with information from its records regarding your income and the income of other members of your household, and DHCD shall inform this agency of this income information.

If the income information you reported to us does not match the information reported by employers to DOR, we shall contact you as the head of household. We shall meet and work with you and any adult household member whose income information is in question to try to resolve a “mismatch.” **However, if we cannot resolve a “mismatch,” and we determine that the household has incorrectly underreported income to us, we may take one or more of the following actions: (1) adjust the household benefit level; (2) terminate benefits or assistance to the household; (3) seek repayment of payments incorrectly made to or on behalf of the household; and/or (4) reduce any future benefits by amounts not repaid. If we take any of these actions, you as head of household shall have the right to dispute our decision through this AGENCY’S Appeals Process and in court.**

Any “mismatch” that cannot be resolved by this **AGENCY** could also result in referral to DHCD. Information concerning you and adult household members may also be referred to the Massachusetts Bureau of Special Investigations, a District Attorney, or to the Attorney General’s Office and may result in further investigation, action, and/or criminal prosecution.

If you or adult household members do not or cannot provide or verify social security numbers for this **AGENCY**, your name and the names of all adult household members shall still be submitted to DOR in the event of a wage match. After you have read this notice, if you are still concerned about the wage match, call your local legal services office.

I AUTHORIZE the use of my social security number for the purposes stated in the Wage Match Notice. I VERIFY that the social security number on the line with my name is my social security number.

Print Name	Relation to Head of Household	Date of Birth	Social Security Number	Signature authorizing the use of my social security number of wage match

I have READ all of the above and AGREE, by signing below, to LIHEAP Declarations, the Authorization for Use of Personal Information, the Authorization for Information Sharing for Heating and Utility Discounts and Benefits, and to the Wage Match Notice set forth herein. THIS SIGNATURE IS REQUIRED TO HAVE A COMPLETE APPLICATION.

Print Name: _____ Signature: _____ Date: _____