



APPLICATION: LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 SFN 529 (7-2019)

FOR OFFICE USE ONLY

Date Received	Case Number
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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 at the county social service office from October 1 through May 31 or until program funds are used up, whichever comes first. If May 31 falls on a weekend, the deadline will be the end of the first work day following May 31.

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.

Return the completed application to your local county social service 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 local county social service office 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 the county office. 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		Social Security Number*	
Home Telephone Number		Cell Phone Number	
Physical Address			
City	State	ZIP Code	County
Have you lived at this physical address since September 1? <input type="checkbox"/> Yes <input type="checkbox"/> No - Date you moved in:			
Mailing Address (if different than physical address)			
City	State	ZIP Code	County

HEAD OF HOUSEHOLD (continued)

Age	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other				
Are you or any household member enrolled in a federally-recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, list the name of the Tribe/State, enrolled member(s), and their tribal enrollment numbers(s)				
Do you or any member of your household have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			If YES, how many members?	
Indicate the following programs you currently receive or have recently applied to receive by using "X"				
<input type="checkbox"/> Health Care Coverage/Medicaid		<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)		
<input type="checkbox"/> Housing Assistance		<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> General Assistance		<input type="checkbox"/> Child Care Assistance Program (CCAP)		

HOUSEHOLD MEMBERS

List **ALL OTHER PERSONS** living in your home, including those not related to you.

Name	Social Security Number*	Date of Birth	Age	Check if a STUDENT
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Attach another sheet if you need more space to list household members.

*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), Monthly (M), Other (O)

Household Member	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), 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	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$
Social Security	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$
SSI	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$
Pensions (including Veteran Benefits)	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$
Annuities	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$
Interest Income	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$
Spousal/Child Support	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$
TANF	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$
Unemployment Benefit	<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$

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)	<input type="checkbox"/>	<input type="checkbox"/>		\$		
Mineral Lease/Royalties	<input type="checkbox"/>	<input type="checkbox"/>		\$		
Lump Sum Payments	<input type="checkbox"/>	<input type="checkbox"/>		\$		
Individual Indian Monies	<input type="checkbox"/>	<input type="checkbox"/>		\$		
Tribal Payments	<input type="checkbox"/>	<input type="checkbox"/>		\$		
Trusts	<input type="checkbox"/>	<input type="checkbox"/>		\$		
Contract Payment	<input type="checkbox"/>	<input type="checkbox"/>		\$		
Yearly Payments	<input type="checkbox"/>	<input type="checkbox"/>		\$		
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>		\$		
Other Income	<input type="checkbox"/>	<input type="checkbox"/>		\$		

If YES to Other Income, Specify

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EXPENSES

Certain expenses **paid since June 1** may be deducted from gross income. Allowable expenses include medical insurance premiums, dental/vision bills, medical bills, pharmacy costs, child care, nursing home insurance, child or spousal support, court-ordered wage garnishments, and representative payee fees. We cannot deduct any medical bills that will be paid or reimbursed by insurance or the Veteran's Administration.

For expenses to be allowed, **ALL items in this section MUST be VERIFIED.** You need to include proof of payment such as receipts or canceled checks.

Check YES or NO on ALL questions. List amounts paid since June 1.

Type	Description	Yes	No	Amount
Medical Prescriptions and Expenses	Have you paid any medical expenses, including prescriptions?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Health and Hospitalization Insurance Premiums	Have you paid any medical insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Have you received or intend to receive reimbursement for any of these medical expenses from insurance or from the Veteran's Administration?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Child Care	Have you paid any child care costs that were not reimbursed by anyone?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Spousal Support	Have you paid any spousal support?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Child Support	Have you paid any child support?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Garnishments	Have you had any court-ordered wage garnishments?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Representative Payee	Have you paid any representative payee fees?	<input type="checkbox"/>	<input type="checkbox"/>	\$

Work/School:

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

If YES
 Check Who: Head of Household Spouse - List Name of Spouse: _____

Check Reason: Education Work

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 your living unit a "split level" or "split foyer"?
 Yes No

Number of Bedrooms:

Main Floor	Upstairs Floor	Basement
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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?		
<input type="checkbox"/> Yes - My rent includes the cost of my heat.		
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>primary</u> type of heat?	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Coal <input type="checkbox"/> Other	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, Explain	
Automatic Payments (auto pay): the vendor automatically withdraws your monthly payment from your bank account. Are you <u>currently on</u> auto pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, do you wish to stay on auto pay with your vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you recently received a shut-off notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Shut-Off Date
Do you need fuel immediately? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>secondary</u> heating supplier? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, what type? <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Coal <input type="checkbox"/> 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

BACK MONTHS' ELIGIBILITY AND REIMBURSEMENTS

LIHEAP may go back to determine eligibility for months prior to your application date. 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

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.

- **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 county worker will not be able to choose the vendor. Please contact your county social service office if you need a list of vendors in your area.

Would you like to have your furnace cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Specify Furnace Vendor
Would you like to have your chimney cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
- 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.

REPORT CHANGES

Report and provide verifications of these changes within 10 days of the date they occur to your local county social service office. Failure to report timely may cause an overpayment and case closure. **If:**

- you **move**
- the **type of fuel** you use changes
- there is **loss or addition of persons living with you**
- your low-income housing assistance/rent subsidy **status changes** (starts or ends)
- your heat is included in your rent and the **amount you pay for rent changes**

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 the county social service office for instructions on how to request an appeal or fair hearing.

NON-DISCRIMINATION POLICY

In accordance with Federal law, and U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) policy, DHS is prohibited from discriminating on the basis of race, color, sex, age, disability, national origin, and in some cases religion and political beliefs.

A written complaint may be filed with:

County Social Service Office	Program Civil Rights Office North Dakota Department of Human Services Legal Advisory Unit 600 E. Boulevard Avenue, Department 325 Bismarck, ND 58505-0250 701-328-2311 TTY (711); FAX 701-328-2173	U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Avenue SW HHH Building, Room 509-F Washington, DC 20201 1-800-368-1019 TTY 1-800-537-7697; FAX 202-619-3437
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A Civil Rights Complaint form (SFN 413) is also available in a pdf format at:
<http://www.nd.gov/dhs/misc/nondiscrimination.html>

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 county social service board whenever there are changes in the above information, 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 North Dakota Department of 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 North Dakota Department of Human Services (DHS), county social services offices and DHS contractors for the Energy Assistance Program, Weatherization Program, and Federal reporting.

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

Signature	Date
Signature	Date
Worker Signature	Date

This completed form must be printed, signed, dated, and turned in to your local county social service office.

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