



# Application for Energy Assistance & CSBG Services

## Utility Assistance

The Low-Income Home Energy Assistance Program (LIHEAP) helps families pay utility costs for heating their home.

## Weatherization

The Weatherization Assistance Program (WAP) helps families reduce heating and cooling costs and improves the safety of their homes.

## CSBG

The Community Services Block Grant (CSBG) helps low-income individuals and families overcome barriers by supporting access to essential services like housing, employment and basic needs.

<p><b>WHO</b> can use this application</p>	<p>Anyone can use this application to:</p> <ul style="list-style-type: none"> <li>• Apply for assistance for themselves and/or their household members</li> <li>• Apply for just one type of assistance or for multiple types of assistance</li> </ul>
<p><b>WHAT</b> you may need to provide to apply</p>	<p>Providing the following information may help us determine your eligibility faster:</p> <ul style="list-style-type: none"> <li>• Proof of citizenship for each household member or legal status in the U.S. for non-citizens</li> <li>• Social Security numbers for each household members</li> <li>• Proof of income for each household member for the prior month.</li> <li>• Copies of your most recent utility bills</li> </ul> <p>We may need other proof, but we will ask for this only if we need it.</p>
<p><b>WHY</b> we ask for this information</p>	<p>We keep all information private and secure, as required by law. We ask for this information for a few reasons:</p> <ul style="list-style-type: none"> <li>• To figure out what types of assistance you qualify for</li> <li>• To figure out how much assistance you qualify for</li> <li>• To make sure you get the right amount of assistance based on your situation</li> </ul> <p><b>Equal opportunity for applicants</b></p> <p>In accordance with federal law and Office of Community Services (OCS), Administration for Children and Families, U.S Department of Health and Human Services (HHS) policy, the Idaho Department of Health and Welfare and Community Action Agencies are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, contact HHS at:</p> <p>Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Ave. S.W. Room 509F, HHH Bldg Washington, D.C. 20201</p> <p>Fax: (202) 401-9333 Email: <a href="mailto:OCRComplaints@hhs.gov">OCRComplaints@hhs.gov</a> Phone: (202) 205-8347</p>
<p><b>Appeal/Hearing Rights</b></p>	<p>You have the right to ask for a hearing if you disagree with the decision made about your assistance benefits. You have thirty (30) days in which to request a fair hearing. This timeframe begins the day after the notice was given or mailed to you. To request a hearing, please use one of the following methods:</p> <ul style="list-style-type: none"> <li>• Call your local Community Action Agency listed on the page below</li> <li>• Email us at <a href="mailto:mybenefits@dhw.idaho.gov">mybenefits@dhw.idaho.gov</a></li> <li>• Fill out and submit the Fair Hearing Request Form at <a href="http://mybenefitforms.dhw.idaho.gov">mybenefitforms.dhw.idaho.gov</a>.</li> </ul> <p>At the hearing, you may represent yourself or use legal counsel, a relative, a friend , or other spokesperson to represent you.</p>
<p><b>Fraud, Waste, and Abuse</b></p>	<p>Fraud is any intentional action leading a participant, partner agency, or utility provider to receive or provide benefits for which they are not entitled. Waste/Abuse is the intentional misuse of funding.</p> <p>You can report fraud, waste or abuse by calling us at the number below or completing our online welfare fraud reporting form using this link: <a href="https://healthandwelfare.idaho.gov/report-welfare-fraud">https://healthandwelfare.idaho.gov/report-welfare-fraud</a></p> <p>Phone: 866-635-7515.</p> <p>Phone calls are answered by the 2-1-1 Idaho CareLine, Monday-Friday, 8:00 AM-6:00 PM (MT). After hours, calls are directed to a voicemail.</p>
<p><b>Privacy Act and Information Release</b></p>	<p>Under Section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552 a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested. You may retain this statement for your records.</p> <p>Authority: The specific authority for the maintenance of this report is in sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94 385. These sections direct Federal and State agencies, which are sponsoring these programs, to monitor the effectiveness of the programs, and to require the local Non-Profit agency implementing the programs to keep records to enable program monitoring.</p> <p>Your responses to the request for information are entirely voluntary, however should you decline to provide the information requested, you will not be considered for assistance.</p>

# Household Information

Which type of assistance are you requesting? *(check all that apply)*

Application Date: \_\_\_\_\_

### Utility Assistance Heat

Low Income Home Energy Assistance Program (LIHEAP)

### Weatherization

Low-Income Weatherization Assistance Program (WAP)

### CSBG

Community Services Block Grant

**Other:** \_\_\_\_\_

Are you currently without heat or at risk of losing your heating utility?

Does anyone in your household have a medical condition that is affected by the loss of heat?

Applicant Full Name	First	Last	MI
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Physical address	Street	City	State	Zip	County
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Mailing address <i>(if different)</i>	Street	City	State	Zip	County
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Email	
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Primary phone		Phone type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
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How would you like to receive your benefit notification?	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
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Household Type	<input type="checkbox"/> Single Person	<input type="checkbox"/> Adults, No Children	<input type="checkbox"/> Multigenerational	<input type="checkbox"/> Two Parents w/ Children
	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Non-related Adults w/Children	<input type="checkbox"/> Other	

Number of Household Members Count All persons living in your home	_____	How long have you lived in your home?	<input type="checkbox"/> Less than 12 months	<input type="checkbox"/> 12 months or more
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Occupancy Status	<input type="checkbox"/> Own	<input type="checkbox"/> Rent, Utilities Included	<input type="checkbox"/> Rent, Utilities Billed Separately	<input type="checkbox"/> Rent Subsidized	<input type="checkbox"/> Homeless
	<input type="checkbox"/> Other permanent housing				

Housing Type	<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Manufactured/Mobile Home over 40 ft.	<input type="checkbox"/> Travel Trailer/RV/Mobile Home under 40 ft.
	<input type="checkbox"/> Duplex (2 units)	<input type="checkbox"/> Triplex (3 units)	<input type="checkbox"/> Quadplex (4 units)

(Internal Use Only)

Client ID # \_\_\_\_\_

# People in your household

Please provide details regarding everyone who lives in your home, listing the Applicant/Head of Household first. If there are more household members that cannot be included on this form, please use the attached additional page.

<b>Applicant Full Name</b>	First	Last	MI
<b>Date of Birth</b>			
<b>Social Security Number</b>			
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
<b>US citizen or national</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>If not a citizen, has eligible immigration status</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, complete a and b		
<b>a. Immigration document type</b>	<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card <input type="checkbox"/> Employment Authorization Document Card <input type="checkbox"/> Foreign Passport & I-94/I-94A with work endorsement <input type="checkbox"/> Foreign Passport & I-551 stamp/I-551 printed notation		
<b>b. Document ID number</b>			
<b>Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native/Indigenous <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American/African <input type="checkbox"/> Multi-race <input type="checkbox"/> Other		
<b>Military Status</b>	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> Never Served		
<b>Disabling Condition</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Employment</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed, under 6 months <input type="checkbox"/> Unemployed, over 6 months <input type="checkbox"/> Retired <input type="checkbox"/> Migrant or Seasonal Farmworker <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> None <input type="checkbox"/> Other		
<b>Income Sources (Check All That Apply)</b>	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> EITC <input type="checkbox"/> AABD <input type="checkbox"/> Unemployment <input type="checkbox"/> Annuity <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> VA Service Disability <input type="checkbox"/> VA Non-Service Disability <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Disability <input type="checkbox"/> Pension <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
<b>Non Cash Benefits (Check All That Apply)</b>	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Child Care Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
<b>Health Insurance</b>	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Children's Health Insurance Program <input type="checkbox"/> State Adult Health Insurance Program <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Employment <input type="checkbox"/> None		
<b>Currently attending school</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Highest education completed</b>	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade School or Other		

# Continue telling us about people in your household

<b>Full Name</b>	First	Last	MI
<b>Relationship to you</b>			
<b>Date of Birth</b>			
<b>Social Security Number</b>			
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
<b>US citizen or national</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>If not a citizen, has eligible immigration status</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, complete a and b		
<b>a. Immigration document type</b>	<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card <input type="checkbox"/> Employment Authorization Document Card <input type="checkbox"/> Foreign Passport & I-94/I-94A with work endorsement <input type="checkbox"/> Foreign Passport & I-551 stamp/I-551 printed notation		
<b>b. Document ID number</b>			
<b>Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native/Indigenous <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American/African <input type="checkbox"/> Multi-race <input type="checkbox"/> Other		
<b>Military Status</b>	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> Never Served		
<b>Disabling Condition</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Employment</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed, under 6 months <input type="checkbox"/> Unemployed, over 6 months <input type="checkbox"/> Retired <input type="checkbox"/> Migrant or Seasonal Farmworker <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> None <input type="checkbox"/> Other		
<b>Income Sources (Check All That Apply)</b>	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> EITC <input type="checkbox"/> AABD <input type="checkbox"/> Unemployment <input type="checkbox"/> Annuity <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> VA Service Disability <input type="checkbox"/> VA Non-Service Disability <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Disability <input type="checkbox"/> Pension <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
<b>Non Cash Benefits (Check All That Apply)</b>	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Child Care Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
<b>Health Insurance</b>	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Children's Health Insurance Program <input type="checkbox"/> State Adult Health Insurance Program <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Employment <input type="checkbox"/> None		
<b>Currently attending school</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Highest education completed</b>	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade School or Other		

# Continue telling us about people in your household

<b>Full Name</b>	First	Last	MI
<b>Relationship to you</b>			
<b>Date of Birth</b>			
<b>Social Security Number</b>			
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
<b>US citizen or national</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>If not a citizen, has eligible immigration status</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, complete a and b		
<b>a. Immigration document type</b>	<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card <input type="checkbox"/> Employment Authorization Document Card <input type="checkbox"/> Foreign Passport & I-94/I-94A with work endorsement <input type="checkbox"/> Foreign Passport & I-551 stamp/I-551 printed notation		
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<b>Military Status</b>	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> Never Served		
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<b>Health Insurance</b>	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Children's Health Insurance Program <input type="checkbox"/> State Adult Health Insurance Program <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Employment <input type="checkbox"/> None		
<b>Currently attending school</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Highest education completed</b>	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade School or Other		

# Zero Income Declaration

Complete this section **only** if all household members in your home had no income in the previous month. Briefly explain how your household's basic living needs for the previous month have been met:

Shelter	Food	Utilities

## Participant Certification

**Please sign below to certify the accuracy of the information you provided.**

I understand that completion of this application does not constitute immediate approval for assistance.

I hereby give my permission for the release of any information needed to process this application to a representative of the Idaho Department of Health and Welfare (IDHW) and/or Non-Profit agency, organization, their designee, or to any state and federal agency as required by law, and that this information will be used upon request in determining eligibility for other agency programs or services.

I understand my information will be held in accordance with IDHW Confidentiality Regulations.

I hereby authorize my utility vendor(s) to provide my billing and usage data to the representative of IDHW and/or this agency or their designee.

Under penalty of perjury, I certify that the information contained in this application is true and correct. I declare that I am applying for all people living in my home.

If requesting LIHEAP, I understand that I am applying for federal benefits and that I could be ineligible to receive LIHEAP benefits for up to twelve (12) months and be required to return any benefits I receive if I willfully misrepresent and/or conceal facts used to be determined eligible. I assure that any LIHEAP payments received will be used solely for my household's home energy costs and will not be shared and/or sold to anyone outside of the household listed on this application.

If requesting weatherization services, I understand completion of this application does not guarantee any weatherization work being done on my house and I may be required to repay any expense for weatherization services I receive if I willfully misrepresent and/or conceal facts. I am authorizing the weatherization of my house at no cost to me or my family and, if applicable, authorizing the agency to contact my landlord for permission to weatherize the home.

If requesting CSBG services, I understand that I am applying for federal benefits and that I could be ineligible to receive CSBG benefits for up to twelve (12) months and be required to return any benefits I receive if I willfully misrepresent and/or conceal facts used to be determined eligible.

## Signature (must be completed)

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Agency Representative

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date