

# FLORIDA Low Income Home Energy Assistance Program (LIHEAP) APPLICATION

This application can also be completed online at [www.floridaliheap.com](http://www.floridaliheap.com) for faster processing

## Application Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Service Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Utility Information

Primary Utility Provider \_\_\_\_\_ Account # \_\_\_\_\_  
Has the service been shut off for non-payment?  No  Yes  Received Warning  
Non-Utility Provider \_\_\_\_\_ Energy Type \_\_\_\_\_  
Are you out of fuel or other energy source?  No  Yes  Received Warning

## Housing & Benefits

Do you:  Own  Rent If renting, utilities are:  Billed separately from rent  Included in rent

Check all benefits that anyone in your household currently receives:

Supplemental Nutrition Assistance Program (SNAP)  Temporary Assistance for Needy Families (TANF)  
 Supplemental Security Income (SSI)  Previously received LIHEAP  No one in my household is any of the programs listed

## Household Member Information (Applicant)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Disabled or history of disability?  No  Yes Sex?  Male  Female  Choose not to respond

Race/Ethnicity (check all that apply):

American Indian or Alaska Native  Asian  Black or African American  White  Hispanic or Latino, or Spanish Origins  
 Native Hawaiian or Other Pacific Islander  Choose not to respond  Other

Citizenship:

Citizen of the United States  Permanent Resident or green card holder  Other qualified alien  None of the above

Number of people in your household: \_\_\_\_\_

## Monthly Household Income

Enter ALL income for household members (except minors) for last month. Enter GROSS amounts (before taxes/deductions).

Check all that apply and enter monthly amount:

Wages \$ \_\_\_\_\_  
 Self-employment \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Pensions \$ \_\_\_\_\_  
 Veteran Benefits \$ \_\_\_\_\_  
 Child support \$ \_\_\_\_\_  
 Interest and dividends \$ \_\_\_\_\_  
 Other countable income \$ \_\_\_\_\_  
 No income

## Required Documentation

The application requires copies of supporting documents - **please do not send originals as they cannot be returned.**

Required Documentation:

- Completed and signed application form
- Proof of identity for the primary applicant only
- Copy of latest utility bill. (For non-utility energy use like propane, provide your most recent bill or payment receipt.)
- Notice of disconnection of services or termination notices (if applicable)
- Benefits letters (if applicable)
- Documentation of all income received by all members of the household for the full month
- Copies of proof of citizenship status for all household members, such as birth certificates, passports, green cards, or immigration status letters.

For additional information and FAQs, visit [floridaliheap.com](http://floridaliheap.com)

## Terms & Conditions

- I confirm that all information and documents submitted with or in support of this application are accurate and complete to the best of my knowledge and I authorize verification of the information provided in this application.
- I understand that if I give false information or provide false documents, I may be breaking the law and could forfeit benefits and/or be criminally prosecuted.
- I am aware of the Low-Income Home Energy Assistance Program ("LIHEAP") rules, eligibility requirements, award guidelines and rights and responsibilities. View here: <https://short.promise-pay.com/x6F42>
- I authorize the State and my utility provider to provide Promise and/or a designated LIHEAP provider information that will assist with evaluating my eligibility for LIHEAP or related programs. The information provided may include benefits participation, and utility account information such as account holder name, address, balance, etc.
- I understand that Social Security numbers are used to verify eligibility for LIHEAP and are handled only for authorized purposes. Disclosure is strictly limited to legal, consented, or specific administrative uses. I acknowledge receipt of the full Notice of Collection of Social Security Numbers. View here: <https://short.promise-pay.com/EjUoM>
- If my application is approved, I authorize the designated agency to make benefit payments directly to my utility provider or other approved, non-utility vendor and to collect any overpayments.
- I want to receive live and automated phone calls and/or text messages from a designated LIHEAP provider and Promise regarding my application and related matters.
- I want to receive Promise Account Messages and accept message and data rates that apply. Message frequency varies. I can text STOP to cancel or call your designated LIHEAP provider for help. View here: <https://short.promise-pay.com/SIKSx>
- If an email was provided, I want to receive email communication from a designated LIHEAP provider and Promise regarding my application and related matters.
- I agree to Promise's Terms of Use: <https://short.promise-pay.com/GStU4>  
Consent to Electronic Communications: <https://short.promise-pay.com/Gm25W>  
Privacy Policy: <https://short.promise-pay.com/LJhCt>

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed application and ALL documentation to your local  
LIHEAP provider's office**



## LIHEAP Assistance Application

Does a family member serve on Tri-County Community Board of Directors or is employed by Tri-County Community Council? YES \_\_\_\_\_ NO \_\_\_\_\_

### FOR OFFICE USE ONLY

<u>CRISIS ONLY</u>		Yes	No
CRISIS ASSISTANCE – VENDOR CONTACT – (RESOLUTION OF CRISIS) Explain: _____ _____		IM _____ Rest _____ W _____	_____ _____ _____
A.	Check agency records for prior LIHEAP assistance		
B.	If someone in household is 60 years or older, contact local EHEAP provider to determine if crisis assistance has been provided for the current season (heating or cooling).		
C.	Check records for prior EHEAP crisis assistance. Name of EHEAP Provider Contacted: _____ Date/Time: _____		
D.	Resolution of Crisis: _____ Name of Vendor Contacted: _____ Date/Time: _____		

WAP Referral (Community Action Program Committee, Inc.)
Name contacted: _____ Date contacted: _____



Authorization for Release of General and/or Confidential Information For LIHEAP/EHEAP Federal Reporting

The Florida Department of Commerce (COM) Low Income Home Energy Assistance Program (LIHEAP) Program Office is requesting that you authorize your utility service provider to disclose the following information to the LIHEAP office to which you are applying for assistance:

- Your utility account status and history, such as payment history, past due amounts, deposits, current shut-off due dates or disconnection, current life support status, payment arrangements, and history of energy assistance payments.
Your total annual energy usage and charges for up to twelve months.

The Florida LIHEAP office and its contractors will use this information to develop LIHEAP program performance measures and meet Federal reporting requirements.

Please note that:

- You have a right to receive a copy of this form.
You are not required to authorize your utility service provider to disclose your customer data.
Your decision not to authorize the disclosure will not affect your utility services or any LIHEAP assistance you may be eligible for.
Your utility service provider may not disclose your customer data unless you authorize the disclosure to the LIHEAP office, Florida Commerce, or as otherwise permitted or required by laws or regulations.
Your utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the Florida LIHEAP office maintains the confidentiality of the data or uses the data as authorized by you.
The Florida LIHEAP office will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations and developing LIHEAP program performance measures.

Form with fields: ACCOUNT HOLDER (CUSTOMER NAME), SERVICE ADDRESS FOR UTILITY, NAME OF UTILITY SERVICE PROVIDER, UTILITY ACCOUNT NUMBER, PHONE NUMBER FOR UTILITY ACCOUNT.

SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER

I hereby authorize the above named utility and this agency to disclose pertinent information regarding my account to agencies that may provide me financial assistance, including the Florida LIHEAP Office. I understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility for assistance. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

ACCOUNT HOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER**

As applicant for payment assistance for the above named utility account, I hereby confirm, under penalty of perjury, that I am an Authorized Representative on behalf of the Account Holder and I have authority to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. I, and the Account Holder, understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

**APPLICANT'S NAME (NOT ACCOUNT HOLDER):** \_\_\_\_\_

**APPLICANT'S PHONE NUMBER:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION C: FOR AGENCY USE ONLY**

Agency must maintain this form in the Applicant's file and make it available to the utility vendor of record upon request, for accounting and auditing purposes.

**AGENCY NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**AGENCY CASEWORKER'S NAME:** \_\_\_\_\_

**AGENCY CASEWORKER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_