



COMPLETE ALL
PAGES

WYOMING LIEAP AND LOW-INCOME WEATHERIZATION APPLICATION FORM

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, CALL THE LIEAP OFFICE AT 800-246-4221.

You can get another copy of this application at: <http://dfsweb.state.wy.us/>

CENTRAL LIEAP OFFICE USE ONLY:		
Approved for LIEAP and Weatherization at 60% SMI Yes _____ No _____	Date Approved	Caseworker Initials
Approved for State Funded LIEAP and Weatherization at 215% Yes _____ No _____	Date Approved	Caseworker Initials
Caseworker's Signature:	Date:	

1. APPLICANT PROOF OF LAWFUL PRESENCE IS REQUIRED OF THE PERSON LISTED UNDER #1 (APPLICANT/Household Head)

Last Name	First Name	Middle Name	Maiden or Previous Name
Address of Residence (Utility Service Address)			City
Mailing Address or PO Box (If different from residence/Service)			City
Social Security Number	Phone, Cell, or Message #	Date of Birth	In which County do you live?
			State
			Zip Code

2. HOUSEHOLD MEMBERS

COMPLETE THE FOLLOWING FOR EACH MEMBER OF YOUR HOUSEHOLD. **"YOUR HOUSEHOLD"** MEANS YOURSELF AND THE PEOPLE WHO LIVE WITH YOU FOR WHOM YOU HAVE FINANCIAL RESPONSIBILITY. LIST ROOMMATES OR MEMBERS OF OTHER FAMILIES THAT MAY BE LIVING WITH YOU.

Name (List yourself first and then all household members)	Relationship to You	Date of Birth	Race	Age	Sex	Social Security Number	Has Some Type of Income?		U.S. Citizen?		* Registered Alien?	
							Yes	No	Yes	No	Yes	No
	SELF											

*If you (or members of your household) are a registered alien, please attach a photo (front and back) of the alien registration card(s) to the application.

If you live within the boundaries of the Wind River Reservation and you are a Native American, are you:

Shoshone Arapaho Other _____

If you are Arapaho and live on the Reservation, please contact the Northern Arapaho LIEAP program at: 307-332-3060.

IF YOU ARE FACING A HOME HEATING EMERGENCY, SUCH AS A SHUTOFF OR PENDING SHUTOFF, OR NON-WORKING FURNACE, CONTACT THE LIEAP OFFICE NOW: 800-246-4221

For non-emergency CRISIS assistance, mark your crisis situation:

- Less than 10% fuel Utility deposit Tank set Back bills

3. HOUSEHOLD FINANCIAL INFORMATION (A. Earned Income from Work)

Household Member Receiving Income	Employer's Address and Phone #	How often paid?	Total Gross Monthly Income

STOP: ATTACH 3 CONSECUTIVE PAY STUBS FOR ALL HOUSEHOLD MEMBERS Listed Above. If pay stubs are not available call the LIEAP office for a DFS 106 employer statement form.

B. INCOME FROM SELF-EMPLOYMENT (Include baby-sitting, child care, ranching, house cleaning, etc.)

Type of Business	Address	Household member Who receives it?	How often paid?	Gross Monthly Income

ATTACH PROOF OF SELF-EMPLOYMENT INCOME PROFIT and LOSS STATEMENT (Provide most recent income tax business schedules or business profit and loss statement.)

C. OTHER INCOME SOURCES

Please check all that apply to your household.

	Household member Who receives it?	Income Source	Gross Monthly Income	ATTACH PROOF OF ALL INCOME FOR ALL HOUSEHOLD MEMBERS
<input type="checkbox"/> Alimony/Spousal Maintenance				
<input type="checkbox"/> Child Support				
<input type="checkbox"/> Money from others, such as friends or relatives				
<input type="checkbox"/> Pensions, Retirement, or Railroad Retirement				
<input type="checkbox"/> POWER/TANF (Temp. Assistance to Needy Families)				
<input type="checkbox"/> Social Security				
<input type="checkbox"/> Supplemental Security Income (SSI)				
<input type="checkbox"/> Unemployment Insurance Compensation				
<input type="checkbox"/> Veteran's Benefits (VA)				
<input type="checkbox"/> Workers' Compensation/Disability/Illness Benefits				
<input type="checkbox"/> Other income, explain: (Adoption Stipends, etc.)				

Do you, your spouse, or other household members over 18 pay child support? Yes No Amount Paid \$ _____
Who is paying? _____ How Often? _____

****Proof of paying child support must be included with your application.**

Are you or anyone in your household receiving public assistance? Yes No Check all types of assistance received.

TANF/POWER FOOD STAMPS/SNAP MEDICAID RENTAL/UTILITY ASSISTANCE

OTHER (specify): _____

4. LIVING ARRANGEMENTS

Check the item that best describes where you live.

- | | | |
|--|---|--|
| <input type="checkbox"/> House | <input type="checkbox"/> RV | <input type="checkbox"/> Dormitory |
| <input type="checkbox"/> Duplex/Triplex/Fourplex | <input type="checkbox"/> Van/Car | <input type="checkbox"/> Fraternity/Sorority House |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Rooming/Boarding House | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Hotel | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Group Home | <input type="checkbox"/> Nursing Home/Residential Facility |
| <input type="checkbox"/> Other, Specify: _____ | | |

Do you Own Rent or Live in subsidized, low-income housing (Section 8, senior citizen apartments, public housing, etc.)?

If you rent, what is your landlord's name? _____ Phone _____
Address _____

If it is an apartment, what is the name of the apartment complex? _____
How many units does the apartment complex have? _____

5. HEAT/RENT INFORMATION

Check the **Main** fuel used to heat your residence (not your lights). This is the fuel your furnace uses to heat your house, not the power source needed to turn the furnace on. Check only one.

Natural Gas Propane Electricity Wood/Pellets Coal Home Heating Oil Other

Check the way in which the main heat (not lights) is paid for at your residence.

1. I pay heating costs directly to a utility company or fuel dealer. **(Attach a copy of most recent heating bill.)**
Name of fuel provider: _____ Billing account number: _____

2. Heat is included in my rent. **(Attach a copy of the most recent rental agreement. If not available call the LIEAP office for Form DFS 109.)**

3. Someone other than a member of my household pays my heating costs. Provide name and address of that person and his/her relationship to you. **(Attach a copy of most recent heating bill.)**
Name: _____ Address: _____ Relationship: _____
Explain why your heating bill is in another name: _____

Check the **Secondary** (if applicable) fuel used to heat your residence (Ex: Primary is gas, but you also have a wood stove. Wood would be your secondary heat source.) Check only one.

Natural Gas Propane Electricity Wood/Pellets Coal Home Heating Oil Other

Check the way in which the secondary heat is paid for at your residence.

1. I pay heating costs directly to a utility company or fuel dealer. **(Attach a copy of most recent heating bill.)**
Name of fuel provider: _____ Billing account number: _____

2. Heat is included in my rent. **(Attach a copy of the most recent rental agreement. If not available call the LIEAP office for Form DFS 109.)**

3. Someone other than a member of my household pays my heating costs. Provide name and address of that person and his/her relationship to you. **(Attach a copy of most recent heating bill.)**
Name: _____ Address: _____ Relationship: _____
Explain why your heating bill is in another name: _____

Do you have a Wyoming Card (JP Morgan) (Food Stamps)? Yes No

Under whose name is the Wyoming card? _____

6. ADDITIONAL INFORMATION

Check all that apply to the members of your household.

- Children aged 0-2 years Handicapped or disabled Name(s): _____
- Children aged 3-5 years Received LIEAP last year
- Person 60 years or older Employed

Are you interested in a program to help you conserve energy in your home (Weatherization)? Yes No

Have you received weatherization at this residence before? Yes No When? (Month/Year) ____/____

7. APPLICANT CERTIFICATION

AUTHORIZED REPRESENTATIVE: You can name another person who can apply for LIEAP or receive information on your behalf. You will be responsible for any results from wrong information given by this person. This person cannot be a member of your household and you must give us an ID on this person. Do you have an authorized representative? Yes

No If yes, complete the following information:

Name of person to apply and obtain information (Print) _____

Address: _____ Relationship: _____

AUTHORIZED REPRESENTATIVE SIGNATURE

SIGNATURE:

DATE:

MAILING ADDRESS:

PHONE:

8. REQUIRED HOUSEHOLD MEMBER/APPLICANT SIGNATURES

All adults (18 years of age or older) living in the household must sign and date the application.

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

APPLICANT RESPONSIBILITIES

Read the following and initial each one.

_____ I understand that the LIEAP office may require proof of any information provided in this application or subsequently reported to the LIEAP office.

_____ I am aware that failure to provide proof of lawful presence, income and heating costs will result in denial of LIEAP benefits.

_____ I hereby authorize release of information concerning my LIEAP application and benefits to my utility company and/or fuel dealer if necessary for a vendor payment, to prevent shutoff, or to obtain energy usage data information for weatherization purposes.

_____ My Social Security Number may be used to request and exchange information with other agencies as part of the eligibility verification process.

I am aware that I have the right to a fair hearing appeal and to the assistance of legal counsel in the event of a denial, reduction, or termination of my assistance, and in other matters for which such appeal rights exist.

I declare that the information given by me in this application is true and correct. I understand the penalty for providing false information shall be no more than a \$15,000 fine, or not more than 5 years imprisonment, or both.

I understand that my LIEAP benefit is not intended to pay for all my heating costs. I am responsible for paying any costs still owed to my heating provider or my landlord (as applicable)

Low-Income Weatherization

If you requested Weatherization services, your signature above states you have read and agree to the following statements:

1. My home is **not** projected for sale or rent within the next twelve (12) months.
2. To the best of my knowledge, a Department of Energy related program has not previously provided weatherization assistance to this house.
3. I certify that I am the legal owner of this residence, or that I will provide a rental agreement to the Weatherization Agency signed by the true owner or owner's authorized agent or manager.
4. I authorize that this dwelling may be weatherized in accordance with the guidelines and procedures established by the Department of Energy and the State of Wyoming.
5. I understand that the dwelling for which this application is made can be weatherized one time.
6. I understand that I will be placed on a waiting list based on a priority points system and that approval does not guarantee that I will receive weatherization services this year.

**Mail Completed Applications (pages 1 – 5) & Required Documents To:
LIEAP
P. O. Box 827
Cheyenne, WY 82003-0827**

IMPORTANT DATES

****LIEAP is a seasonal program that goes from October 1 through May 31 for unregulated heat (propane, coal, wood, etc.) and October 15 through June 15 for regulated heat (gas & electric). Applications for seasonal benefits must be received no later than February 28. Requests for CRISIS assistance must be received no later than April 15. Weatherization Assistance services run year-round.**

APPLICANT RIGHTS

I. FAIR HEARING

If the application is not acted upon within 45 days of receipt of all documentation by the Central LIEAP office without good cause, you may request a fair hearing within 10 days from the time the 45-day period elapses. If your application is denied, you must first request a conference with the Central LIEAP office within 10 days of the date of denial. This request must be in writing to the Central LIEAP office. If issues are unresolved after the conference, you may still request a fair hearing. A written request for a fair hearing must be submitted within 10 days of the date of the conference with the Central LIEAP office. For more information regarding the fair hearing process you may call the LIEAP Consultant at 307-777-6346. If you do not have a phone, you may contact the LIEAP Consultant in writing at the Department of Family Services, Hathaway Bldg., 3rd Floor, Cheyenne, WY 82002-0490.

II. PRIVACY ACT INFORMATION

Information requested on this application is required in order to determine service eligibility and to comply with other program requirements. Records are maintained by this agency for review, analysis, research, and evaluation by the State of Wyoming, Federal Agencies, and their authorized representatives. The information you provide is kept confidential, except that DFS may disclose the information you provide, without your consent, in the following instances:

To federal, state, or local authorities who are responsible for administering or enforcing the regulations of the program for which you apply or receive benefits: these authorities may begin an investigation or bring civil or criminal action on the basis of the information they receive regarding your case.

To a court, judge, or other administrative legal body, but only when the information is required in a civil or criminal proceeding.

III. DISCRIMINATION ACT

The application presented by the applicant will be considered without regard to race, color, sex, age, handicap, religion, national origin, marital status, or political belief. If you believe you have been discriminated against, you can file a complaint with the Department of Family Services. We do, however, need an indication of race and marital status for statistical purposes.

IV. AUTHORIZATION TO FURNISH INFORMATION

I do hereby authorize any person having custody or knowledge of the information relating to myself and members of my household, to furnish any requested information, including confidential information, to any duly authorized agent of the Department of Family Service and the Central LIEAP office. This information is to be used solely for the purpose of determining eligibility for the programs for which I am applying. I also agree to provide information necessary to verify any statement given on this application. This release is valid from the date set out on this application and shall remain valid until revoked by me in writing. A copy of this authorization is as valid as the original. This authorization includes permission for fuel suppliers to release fuel consumption information and payment history to both the LIEAP and Weatherization Programs.

V. AUTHORITY TO REQUIRE SOCIAL SECURITY NUMBER AND COMPUTER MATCHES

The applicant is not required to give a Social Security Number (SSN) for all household members when applying for LIEAP and Weatherization benefits, but it is strongly encouraged. Providing this may expedite the processing of your application. The information you report will be checked by computer matches using social security numbers. The Central LIEAP office will be comparing information on the application with information on record with the Department of Family Services. All persons listed on the application will be included in the computer matches, whether or not they receive benefits. Outside sources and/or your household members will be asked to verify inconsistent information. The information received may affect your eligibility and benefits.

CERTIFICATIONS: By signing the Certification on page 4 of this application you are certifying that:

My signature on this application grants permission to the Department of Family Services or its authorized agent to (a) verify any information concerning residence, employment, income resources, energy supply, and energy supplier which I have given concerning this request for assistance; (b) obtain any information needed concerning heating costs and usage; and (c) complete any survey in connection with energy assistance.

I authorize the release of limited information to approved agencies, which provide other energy/weatherization assistance for which I may be eligible.

I swear/affirm that all information contained in this application is true, correct, and complete, to the best of my ability, knowledge, and belief.

-- I am aware that I can be penalized by fine and/or imprisonment for making false statements.

-- I understand I have the right to appeal any decision or undue delay in processing which I consider improper regarding this application.

-- I affirm that Wyoming is my legal residence.

-- I affirm that I live in my residence during the program year from October 1 through May 31.

I understand that any social security number(s) given will be used in the administration of this program, including cross matches with other programs.

I understand that I will be sent a notice of eligibility or ineligibility and, if eligible, it will state the amount of my benefit.

I further understand that if my household is eligible for a LIEAP benefit it must be sent directly to my utility company or fuel dealer unless I am a renter and my heat is included in my rent. If heat is included in my rent then I understand that my LIEAP benefit must be sent to the landlord.

I acknowledge that I have read or had someone read the above information and that I understand my responsibilities.

OTHER AVAILABLE ENERGY ASSISTANCE PROGRAMS AND DESCRIPTIONS
WEATHERIZATION- DESCRIPTION OF POSSIBLE BENEFITS

Weatherization is a state and federal program for eligible low income individuals designed to lower monthly fuel cost by making a home more fuel-efficient, lowering fuel usage, and making the home more comfortable at **no cost** to the client.

Measures addressed by the Weatherization Program may include, but are not limited to:

1. **Health and Safety:** Inspect and test combustion appliances and indoor air quality.
2. **Heating System Efficiency and Safety:** Tuning and adjusting heating systems.
3. **Hot-Water Systems:** Insulate water lines and water heaters.
4. **Drafts and Air Leaks:** Sealing off major air leaks, weather-stripping, and caulking.
5. **Insulation:** Attics, floors, walls, ceilings, and bellies of mobile homes.
6. **Electric Base-Load:** Test refrigerator efficiency and install energy efficient light bulbs.

CRISIS - DESCRIPTION OF POSSIBLE BENEFITS

-- The maximum CRISIS benefit available varies depending on the household income and the amount needed to resolve the CRISIS.

Clients may receive a CRISIS benefit for either a utility deposit or tank set (not both) once (1) per year. For metered services, deposits must meet the standards set forth in the Wyoming Public Service Commission Rules, Chapter 2 General Regulations, Section 241 (Customer Deposits, Gas and Electric Utilities).

If there is additional need, clients may also receive a CRISIS benefit once (1) per year to assist with back bills and/or an additional tank fill (when the tank is below 10% or 50 gallons, depending on tank size). A back bill is any outstanding bill (not including a current bill) older than 30 days, but not prior to July 1 of the current program year.

-- If a furnace quits working during the winter, please call the LIEAP office to find out what assistance is available.

-- All documentation needed to approve a client for a CRISIS benefit is the responsibility of the client.

CRISIS Eligibility Requirements

Any LIEAP eligible client needing a CRISIS benefit **must** either sign up for Crisis Assistance on the LIEAP Application at the time the client submits the application (Section 7) or contact the LIEAP office when they determine they need assistance during the program year (CRISIS ends April 15th).

- LP tank setups **must** have a written bid from the propane dealer, as verbal estimates are not acceptable.
- Crisis for back bill assistance for the primary heat source requires that the applicant has paid at least 10% of his/her gross monthly income towards the primary utility bills over the past 60 days.
- Crisis tank fills require a pre-authorization from the LIEAP office to ensure that the tank is at 10% or less, or at 50 gallons or less.

CRISIS Applicant's Responsibilities

- The applicant **must** have paid at least 10% of their monthly income towards their utility costs in the last 60 days.
- When a CRISIS exceeds the maximum benefit amount, the client **must** enter into a payment agreement plan with their utility company in order to ensure payment on the remaining unpaid balance.
- Back bills can only be paid when the following **required** documentation has been received with the CRISIS BOX CHECKED on page 4:
 1. Report from your fuel supplier detailing your charge and payment history.
 2. Proof of client's payment towards utility bills.
 - Deposit requests must include:
 1. Print-out from utility company that includes amount of deposit required, account number, and service address.
 - Requests for Crisis assistance for shut-off notices require the applicant to provide a copy of the shut-off notice to the LIEAP Office.

NOTE: Applicant should keep page 6 and page 7 of this application. Applicant should also make and keep a copy of her or his completed application and all supporting documents.