

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Division of Community Assistance
and Development**

LIHEAP APPLICATION

Please answer the following questions on the form and sign and date the last page. If you need assistance completing this application please call 1-866-494-1981 or go to your local Community Action Agency for assistance.

PRIMARY APPLICANT INFORMATION

Name (*Last, First, M.I.*):

Date of Birth: _____

Address (*No., Street*):

City: _____ **State:** _____

ZIP Code: _____ **County:** _____

Preferred Contact Method:

Phone Email

Phone Number: _____

See page 17 for EOE/ADA disclosures

Email: _____

Preferred Language: _____

Do you have income? Yes No

What is your household's total annual gross income (before taxes and deductions)?

HOUSING DETAILS

Do you rent your home? Yes No

If you rent, is your rent subsidized?

Yes No

(For example, do you live in Section 8 or public housing or receive a Housing Choice Voucher?)

Are you needing help with weatherization?

Yes No

(Weatherization helps income eligible households reduce heating and cooling costs by improving the energy efficiency of their home)

Do you live on tribal land? Yes No

Are utilities included in your rent?

Yes No

APPLICANT BACKGROUND

Race:

**American Indian / Alaskan Native /
Native Hawaiian or Other**

White African American or Black

Asian Pacific Islander

Two or more races

Choose not to respond

Gender:

Male Female Non-Binary

Choose not to respond

Ethnicity:

Hispanic Not Hispanic

Choose not to respond

Is any member of the household a Veteran?

Yes No

**Do any household members have a
disability? Yes No**

**Are you or anyone in your household
currently receiving Federal or State
benefits? Yes No**

Are you or someone in your household a member of a federally recognized tribe?

Yes No

Which federally recognized tribe do you or someone in your household belong to?

Did you apply for LIHEAP benefits with your tribe? Yes No

Did your tribe deny your request for LIHEAP benefits? Yes No

Do you or anyone in your family have any expenses related to Medicare?

Yes No

If yes, the amount of Medicare expenses per year: _____

Have you received LIHEAP benefits in the last 12 months? Yes No

HOUSEHOLD COMPOSITION

Complete the information below for yourself and all household members living in your home, whether or not you share living expenses, even if they are not related to you or are only temporarily living with you.

****Qualified Non-Citizens include lawful permanent residents, asylees, refugees, aliens paroled into the U.S. for at least one year, aliens whose deportations are being withheld, aliens granted conditional entry (prior to April 1, 1980), battered alien spouses, battered alien children, the alien parents of battered children, and alien children of battered parents who fit certain criteria, Cuban/Haitian entrants, and victims of a severe form of trafficking.***

SERVICE PROVIDER DETAILS

Utility Information

Are your energy services in your landlord's name and paid through your rent?*

Yes No

What Utilities are used to heat/cool your home?*

Electricity Gas Portable Fuel

Water (Used for evaporative cooling from May 1st - October 31st)

Electricity

Electricity Provider Name:

Account Number:

Confirm Account Number:

What is the current usage amount on your bill this month? _____

What is the total amount of your bill this month? *(include all fees, arrears, penalties, eviction fees)* For portable fuel, provide an estimate _____

Do you owe back utilities for any month?
Yes No

Have any of your utilities, used for heating/cooling, been disconnected or do you need to reestablish services? Yes No

Do you need help with a utility deposit?
Yes No

Gas

Gas Provider Name:

Account Number:

Confirm Account Number:

What is the current usage amount on your bill this month? _____

What is the total amount of your bill this month? (*include all fees, arrears, penalties, eviction fees*) For portable fuel, provide an estimate _____

Do you owe back utilities for any month?

Yes No

Have any of your utilities, used for heating/cooling, been disconnected or do you need to reestablish services? Yes No

Do you need help with a utility deposit?

Yes No

Portable Fuel

Portable Fuel Provider Name:

Account Number:

Confirm Account Number:

What is the current usage amount on your bill this month? _____

What is the total amount of your bill this month? *(include all fees, arrears, penalties, eviction fees)* For portable fuel, provide an estimate _____

Do you owe back utilities for any month?

Yes No

Have any of your utilities, used for heating/cooling, been disconnected or do you need to reestablish services? Yes No

Do you need help with a utility deposit?

Yes No

Water

Water Provider Name:

Account Number:

Confirm Account Number:

What is the current usage amount on your bill this month? _____

What is the total amount of your bill this month? *(include all fees, arrears, penalties,*

eviction fees) For portable fuel, provide an estimate _____

Do you owe back utilities for any month?

Yes No

Have any of your utilities, used for heating/cooling, been disconnected or do you need to reestablish services? Yes No

Do you need help with a utility deposit?

Yes No

Regular Crisis

A LIHEAP Standard Benefit pays between \$480 and \$1,200 to eligible applicants. Please review your current bills to determine if you need additional benefits in order to pay the total amount of your bill.

Have you received an eviction notice due to unpaid energy utilities?* Yes No

Do you use prepaid utility services or portable fuel and have less than 7 days of energy available?* Yes No

Do you want to apply for a crisis payment if your LIHEAP benefit does not cover the total cost of your utility bills? A crisis payment can only be used 1 time per year.*

Yes No

Have you received a disconnection notice?*

Yes No

Life Threatening Crisis

A LIHEAP Standard Benefit pays between \$480 and \$1,200 to eligible applicants. Please review your current bills to determine if you need additional benefits in order to pay the total amount of your bill.

Would the termination of power or exposure to heat or cold be dangerous to the health of you or a household member?*

Yes No

Is life supporting equipment used in the home that is dependent on utility service for operation?* **Yes No**

TENANT PAYMENT INFORMATION

Is this an individual or company bank account? **Company Individual**

Account Type: **Checking Savings**

Routing Number: _____

Account Number: _____

CRISIS RELATED QUESTIONS

Do you want to apply for a crisis payment if your LIHEAP benefit does not cover the total cost of your utility bills? (*A crisis payment can only be used one time per year.*)

Yes No

Do you use prepaid utility services or portable fuel and have less than 7 days of energy available? Yes No

Have you received an eviction notice due to unpaid energy utilities? Yes No

**Have you received a disconnection notice?
Yes No**

Have any of your utilities been disconnected? Yes No

Would the termination of power or exposure to heat or cold be dangerous to the health of you or a household member? Yes No

Do you have a signed statement from a licensed medical physician stating that termination of power or exposure to heat or cold would be dangerous to the health of a household member? Yes No

Is life-supporting equipment used in the home that is dependent on utility service for operation? Yes No

LIHEAP APPLICANT ATTESTATION & AUTHORIZATION

I certify, under penalty of perjury, that all information submitted in this Low Income Home Energy Assistance Program (LIHEAP) application is true and correct to the best of my knowledge. I further certify that all documents I have provided are genuine, and I have not intentionally withheld or altered any information that might be relevant to my eligibility for the LIHEAP Program.

I certify that if I receive LIHEAP funds directly, I will use these funds only for the payment of my utilities and any related fees or penalties that I owe. I understand that my use of LIHEAP funds for any other purpose may result in criminal prosecution and may disqualify me for future assistance.

I authorize DES to share the information I have provided in this application as necessary to verify my eligibility for this program. I authorize DES to provide my information to my utility provider(s) as necessary to distribute any LIHEAP funds I receive. I further authorize DES to

provide my information to DES' partner organizations that may be able to assist with the LIHEAP application process and the distribution of LIHEAP funds. I authorize my utility provider(s) to share my account information (which may include, but not be limited to, name, service address, account number, household information, usage information, account balance, payment history, historical, and future utility bills) with DES as needed for distribution of the funds I applied for under this program.

I understand that DES may investigate and contact any sources necessary to confirm the accuracy of the information that pertains to my eligibility for this program. If I intentionally hide, alter, or provide false information in order to obtain LIHEAP benefits that I am not entitled to, I may be subject to criminal prosecution, fines, imprisonment, or other penalties provided for by state and federal laws. I further agree to release and hold harmless the utility provider(s) from any claims, damages, liability, or expenses resulting from the use or disclosure of information based on this authorization. I understand that if I receive

funds under this program, by mistake, I am required to return the funds.

I understand that I may request administrative review or appeal if a decision is not made with reasonable promptness on my application, or if I disagree with the application decision. I may request an administrative review by submitting [this form](#) within ten (10) calendar days from the date of notice of the decision. My case will be reviewed by the Division of Community Assistance and Development's administrative review team to determine whether program guidelines were correctly applied. I will be able to provide additional documentation or explanation during this administrative review process. This process provides an expedient means to review my case, and does not limit my rights to a later appeal. I may also submit an appeal to the Appellate Services Administration, even if I also submit a request for administrative review. I may appeal by completing and submitting an ASA-1011A ([standard](#) or [large print](#)) within sixty (60) calendar days of the date of notice of the decision.

This authorization remains effective for twelve months after the date of my signature.

Printed Name: _____

Signature: _____

Date: _____

Please attached the following documents when submitting the application:

- **Photo ID of primary applicant**
- **Copy of your current Lease or rental document**
- **Electricity Bills**
- **Gas Bills**
- **Water Bills**
- **Income Documents**
- **Life Threatening Crisis Document(s)**
- **Regular Crisis Document(s)**
- **Portable Fuel Documentation**

Please submit this application and all required documentation to:

Fax: (602) 612-8282 (preferred)

Or mail to:

**Department of Economic Security
LIHEAP
PO Box 19130
Phoenix, AZ 85009-9998**

**Equal Opportunity Employer / Program •
Auxiliary aids and services are available
upon request to individuals with disabilities
• TTY/TDD Services 7-1-1 • Disponible en
español en línea o en la oficina local**