

**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 16 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)?**

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**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?**

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**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:**

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**Account Number:**

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**Confirm Account Number:**

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**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:**

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**Account Number:**

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**Confirm Account Number:**

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**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.**

**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**

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**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**