



Application for Energy Assistance Programs

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.

<p>WHO can use this application</p>	<p>Anyone can use this application to:</p> <ul style="list-style-type: none"> • Apply for assistance for themselves and/or their household members • Apply for just one type of assistance or for multiple types of assistance
<p>WHAT 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"> • Proof of citizenship for each household member or legal status in the U.S. for non-citizens • Social Security numbers for each household members • Proof of income for each household member for the prior month. • Copies of your most recent utility bills <p>We may need other proof, but we will ask for this only if we need it.</p>
<p>WHY 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"> • To figure out what types of assistance you qualify for • To figure out how much assistance you qualify for • To make sure you get the right amount of assistance based on your situation <p>Equal opportunity for applicants</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>HHS, Director, Office of Community Services Fax: (202) 401-9333 200 Independence Ave. S.W. Email: Lanique.Howard@afc.hhs.gov Washington, D.C. 20201 Phone: (202) 205-8347</p>
<p>Appeal/Hearing Rights</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"> • Call your local Community Action Agency listed on the page below • Email us at mybenefits@dhw.idaho.gov • Fill out and submit the Fair Hearing Request Form at mybenefitforms.dhw.idaho.gov. <p>At the hearing, you may represent yourself or use legal counsel, a relative, a friend , or other spokesperson to represent you.</p>
<p>Privacy Act and Information Release</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>

How to Submit this Application

<p><i>If you live in this county:</i></p> <p>↓</p>	<p>Mail, email, or drop-off your complete, signed applications and verifications to:</p>	
<p><i>Ada, Owyhee, Elmore</i></p>	<p>El Ada Community Action Agency, Inc 701 E. 44th St. Garden City, Idaho 83714</p>	<p>Phone: 208-322-1242 Website: www.eladacap.org Email: LIHEAP@eladacap.org</p>
<p><i>Adams, Boise, Canyon, Gem, Payette, Valley, Washington</i></p>	<p>Western Idaho Community Action Partnership, Inc. 315 S. Main St. Payette, Idaho 83661</p>	<p>Phone: 888-900-7361 Website: www.wicap.org Email: LIHEAP@wicap.org</p>
<p><i>Bingham, Bonneville, Canyon, Cassia, Power, Twin Falls</i></p>	<p>Community Council of Idaho 317 Happy Day Blvd. #180 Caldwell, Idaho 83607</p>	<p>Phone: 208-454-1652 Website: www.communitycouncilofidaho.org Email: LIHEAP@ccimail.org</p>
<p><i>Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton</i></p>	<p>Eastern Idaho Community Action Partnership, Inc. 935 E. Lincoln Rd. Idaho Falls, Idaho 83401</p>	<p>Phone: 208-542-8178 Website: www.eicap.org Email: eaif@eicap.org</p>
<p><i>Benewah, Bonner, Boundary, Clearwater, Idaho, Latah, Lewis, Kootenai, Nez Perce, Shoshone</i></p>	<p>Community Action Partnership, Inc. 124 New 6th St. Lewiston, Idaho 83501</p>	<p>Phone: 800-326-4843 Website: www.cap4action.org Email: ea@cap4action.org</p>
<p><i>Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power</i></p>	<p>SouthEastern Idaho Community Action Agency, Inc. 641 N. 8th Avenue Pocatello, Idaho 83201</p>	<p>Phone: 208-232-1114 Website: www.seicaa.org Email: energy@seicaa.org</p>
<p><i>Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls</i></p>	<p>South Central Community Action Partnership, Inc. 550 Washington St. S Twin Falls, Idaho 83301</p>	<p>Phone: 208-736-0676 Website: www.sccap-id.org Email: kayleen@sccap-id.org</p>

Tell us about yourself Applicant and Household Information

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

Utility Assistance Heat

Low Income Home Energy Assistance Program (LIHEAP)

Other: _____

Weatherization

Low-Income Weatherization Assistance Program (WAP)

Application Date: _____

Full name	First	Middle	Last
Social Security number			
Date of birth			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Physical address	Street	City	State Zip County
Mailing address <i>(if different)</i>	Street	City	State Zip County
Email			
Primary phone	Phone type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
How would you like to receive your benefit notification?	<input type="checkbox"/> Mail <input type="checkbox"/> Email		
Household Type	<input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Unrelated Adults <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	_____	Date Moved into Home	_____
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		
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) <input type="checkbox"/> Apartments (more than 4 units)		
How did you hear about this program?			
<input type="checkbox"/> Television Ad <input type="checkbox"/> Referred by Family/Friend <input type="checkbox"/> Radio Ad <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Referred by an Agency: _____ <input type="checkbox"/> Referred by Utility Company: _____ <input type="checkbox"/> Other: _____			

Tell us about everyone 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.

Question			
Name	First	Last	MI
Date of Birth			
Social Security Number			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
US citizen or national	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Race	<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		
Military Status	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> Never Served		
Disabling Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Employment	<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"/> Seasonal <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> None <input type="checkbox"/> Other		
Income Sources (Check All That Apply)	<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: _____		
Non Cash Benefits (Check All That Apply)	<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: _____		
Health Insurance	<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		
Education	<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 everyone in your household

Question			
Name	First	Last	MI
Relationship to you			
Date of Birth			
Social Security Number			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
US citizen or national	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Race	<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		
Military Status	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> Never Served		
Disabling Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Employment	<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"/> Seasonal <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> None <input type="checkbox"/> Other		
Income Sources (Check All That Apply)	<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: _____		
Non Cash Benefits (Check All That Apply)	<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: _____		
Health Insurance	<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		
Education	<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		

Utility Vendor Details

Primary Heat Source (Select One)	<input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane (Bottles) <input type="checkbox"/> Energy Logs
Primary Heat Vendor	Account Number
Are your Primary Heating costs included in your rent? (Select one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my landlord provides my primary heat source without billing me for it <input type="checkbox"/> Yes, the primary heating bill is in the landlord's name, but I pay the full cost each monthly bill <input type="checkbox"/> Yes, the landlord charges me a set amount per month to cover the primary heating costs: \$ _____
Are you facing an emergency with your Primary Heat Source? (Select one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my utility has been disconnected <input type="checkbox"/> Yes, I will be disconnected on: _____
If you have lived at your current address for at least 12 months and your primary heating comes from propane, oil, coal, or wood, answer the following:	12 Month Cost of your Primary Heat Source: \$ _____ 12 Month total usage of your Primary Heat Source: \$ _____
Electricity Vendor	Account Number
Idaho Power Service Agreement Number	
Are you facing an emergency with your electricity account? (Select one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my utility has been disconnected <input type="checkbox"/> Yes, I will be disconnected on: _____
Secondary Heat Source (Select One)	<input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane (Bottles) <input type="checkbox"/> Energy Logs
Other Heating Vendor(s)	Account Number

System Assessment

*Complete this section **only** if you are applying for Weatherization Assistance **or** if your heating system is not working

Type of Heating System(s) (Select all that apply)	Heating System Fuel						Heating System Condition
	Natural Gas	Electricity	Oil	Propane	Wood	Wood Pellets	
Central Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Central Heat Pump		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Central Boiler		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Wall Furnace	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Baseboard Heaters		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Ductless Heat Pump		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Wall Heaters		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Heating Stove	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Space Heaters		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
N/A							<input type="checkbox"/> I do not have a heating system

Type of Heating System(s) (Select all that apply)	Water Heater Fuel						Water Heater Condition
	Natural Gas	Electricity	Oil	Propane	Wood	Wood Pellets	
Standard Unit	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Tankless Unit	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Heat Pump Unit		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
N/A							<input type="checkbox"/> I do not have a water heater

Type of Cooling System(s) (Select all that apply)	Cooling System Condition	
	<input type="checkbox"/> Central Air Conditioner <input type="checkbox"/> Window Air Conditioner <input type="checkbox"/> Central Heat Pump <input type="checkbox"/> Ductless Heat Pump <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> N/A	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable <input type="checkbox"/> I do not have a cooling system

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, or their designee or to any state and federal agency, as required by law.

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 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. I declare that I am applying for all people living in my home. I understand that this information will be used, upon request, in determining eligibility for other agency programs or services. 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.

Signature (must be completed)

Printed name of Applicant	Signature of Applicant	Date
Printed name of Agency Representative	Signature of Agency Representative	Date