



# APPLICATION FOR UTILITY BILL ASSISTANCE

*This is not an entitlement program. If funds run out, benefits can not be paid.*

## COMPLETE THE APPLICATION AND ATTACH THE FOLLOWING DOCUMENTS

Incomplete application or omission of necessary documents will delay eligibility determination.

- Proof of identity.** May include one of the following: valid driver's license or other government issued ID; health insurance card or employment ID; or birth certificate, if under age one (1).
- Social Security Number** (*must be verified for new applicants*)
- Proof of ALL income** listed on/with this application
- Copies of ALL heating and cooling bills**
- Copy of lease agreement is required:**
  - If you live in subsidized housing;
  - If your utilities are included in your rent.

**Send Application To:**

EOA of Washington County  
 614 E Emma Avenue, Suite M 401  
 Springdale, AR 72764  
 Email: [Liheap@eoawc.org](mailto:Liheap@eoawc.org)  
 Phone: 479-872-7479  
 Fax: 479-872-7482

**NOTE:** IF YOU RECEIVE A SUBSIDY, STIPEND, ALLOWANCE OR REIMBURSEMENT FOR YOUR UTILITIES, YOU MAY NOT BE ELIGIBLE FOR LIHEAP.

**DO NOT USE WHITE OUT. TO MAKE CHANGES, CROSS OUT AND RE-WRITE ANSWERS.**

## SECTION I: APPLICANT INFORMATION

*Attach a copy of identification (e.g. driver's license). If a new applicant, attach a copy of Social Security card.*

LAST NAME		FIRST NAME		MIDDLE
PHYSICAL ADDRESS			DO YOU RENT OR OWN YOUR HOME?	
			<input type="checkbox"/> RENT	<input type="checkbox"/> OWN
CITY		STATE	ZIP CODE	COUNTY OF RESIDENCE
MAILING ADDRESS				
<input type="checkbox"/> CHECK IF SAME AS PHYSICAL ADDRESS				
MAILING CITY		STATE	ZIP CODE	MOBILE NUMBER
EMAIL ADDRESS		ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME/ALTERNATE PHONE #
SOCIAL SECURITY NUMBER (SSN)		AGE		
DATE OF BIRTH		DO YOU RECEIVE DISABILITY BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
RACE* <input type="checkbox"/> American Indian or Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or other Pacific Islander (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Multi-race (6) <input type="checkbox"/> Other (7) <input type="checkbox"/> Unknown (8)				
ETHNICITY* <input type="checkbox"/> Hispanic, Latino, or Spanish Origins (A) <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origins (B) <input type="checkbox"/> Unknown (C)				
GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <small>*Race, Ethnicity, and Gender are used for statistical purposes only.</small>				

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APPLICATION DATE:	
APPLICATION TIME:	
DISPOSITION TIME:	<input type="checkbox"/> 18 HOURS <input type="checkbox"/> 48 HOURS
INTERVIEWER:	
METHOD:	
DATE:	

## SECTION II: ADDITIONAL HOUSEHOLD MEMBERS

Provide information for **other** members of the applicant's household. List additional members on a separate sheet. **DO NOT INCLUDE THE APPLICANT IN THIS SECTION.**

	FIRST AND LAST NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	AGE	GENDER	RACE/ ETHNICITY* SEE PAGE ONE	RECEIVE DISABILITY? YES/NO	EMPLOYED? YES/NO	SOCIAL SECURITY NUMBER (SSN)
1						/	Y/N	Y/N	
2						/	Y/N	Y/N	
3						/	Y/N	Y/N	
4						/	Y/N	Y/N	
5						/	Y/N	Y/N	
6						/	Y/N	Y/N	
7						/	Y/N	Y/N	
8						/	Y/N	Y/N	

## SECTION III: HOUSEHOLD INCOME

**WORK INCOME:** List anyone in your household (18 and older) who has work income (includes self-employment, babysitting, and other odd jobs). List additional information on a separate sheet, if necessary. **ATTACH PROOF OF INCOME.**

NAME	HOW OFTEN PAID	GROSS AMOUNT LAST MONTH	EMPLOYER NAME

**NON-WORK INCOME:** List anyone in your household who receives any of the following and **ATTACH THIS PROOF OF INCOME:**  
 Alimony | Child Support | Housing Utility Assistance Payment | Retirement Benefits | Social Security Income (SSA) | Supplemental Security Income (SSI) | Supplemental Security Disability Income (SSDI) | TEA | Unemployment Benefits | Veteran's Benefits | Worker's Compensation | Any other non-work income

NAME	HOW OFTEN PAID	GROSS AMOUNT LAST MONTH	INCOME PROVIDER

**LAST EMPLOYMENT:** If you or any adult (18 or older) member of your household is unemployed at the time of this application, list the most recent employment below.

NAME	WHERE LAST EMPLOYED	WHEN EMPLOYMENT ENDED

## SECTION IV: RENTER UTILITY INFORMATION (OWNERS SKIP TO SECTION V)

If you are a renter **and your utilities are included in your rent**, provide your landlord's information and a copy of your lease agreement or other documentation reflecting responsibility for paying utilities.

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S PHONE \_\_\_\_\_

LANDLORD'S EMAIL \_\_\_\_\_ RENT PAYMENT: \_\_\_\_\_

**WHICH UTILITIES ARE INCLUDED IN YOUR RENT? (CHECK ALL THAT APPLY)**

ELECTRICITY     NATURAL GAS     PROPANE     WOOD     FUEL OIL

**I DO NOT RECEIVE ANY REIMBURSEMENTS, SUBSIDIES OR ALLOWANCES FOR UTILITIES**

## SECTION V: TYPE OF ENERGY ASSISTANCE

Please select the utilities with which you need help:

- I want to split my regular benefit. \* \*
- Electricity                       Propane  
 Natural Gas                       Wood  
 Fuel Oil                               Other (Specify) \_\_\_\_\_

**\*Splitting a regular benefit will not result in a larger benefit amount. \*\*Unless otherwise advertised, ONLY electric energy assistance is available during the summer, and a benefit cannot be split .**

### CRISIS DETERMINATION

Please check (only if applicable):

- Someone in my household has a medical condition requiring connection to a power source.
- The health of someone in my household could be affected by the disruption of my utility service.

CRISIS SITUATION		ELECTRIC	HEATING
<input type="checkbox"/>	I have a past due balance OR disconnect notice on a utility bill.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	My home utility is disconnected. <b>DATE DISCONNECTED:</b> INSERT DATE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	My heating fuel is at or below 20% of the tank capacity OR has less than three weeks supply remaining and the fuel supplier will not deliver additional fuel without payment.		<input type="checkbox"/>
<input type="checkbox"/>	I am out of heating fuel.		<input type="checkbox"/>
<input type="checkbox"/>	I have received an eviction notice which is partly or wholly due to failure to pay my electricity and/or heating charges to my landlord.	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION VI: HOME UTILITY SUPPLIER INFORMATION

### ELECTRICITY SOURCE (REQUIRED OF ALL APPLICANTS)

**ELECTRIC SUPPLIER'S NAME** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

Whose name is the account in, if it is NOT yours? \_\_\_\_\_ Is the account closed?  YES  NO

Does this person live with you?  YES  NO      What is this person's relationship to you? \_\_\_\_\_

IS YOUR HOME ALL ELECTRIC?  YES     NO (if no, complete heating source information)

### PRIMARY HEATING SOURCE (IF OTHER THAN ELECTRIC)

**HEATING SUPPLIER'S NAME** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

NATURAL GAS                       PROPANE/BUTANE/ LPG     FUEL OIL/ KEROSENE      Is the account closed?  YES  NO  
 WOOD                       OTHER: \_\_\_\_\_

Whose name is the account in, if it is NOT yours? \_\_\_\_\_

Does this person live with you?  YES     NO      What is this person's relationship to you? \_\_\_\_\_

### SECONDARY HEATING SOURCE (IF APPLICABLE)

**HEATING SUPPLIER'S NAME** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

NATURAL GAS                       PROPANE/BUTANE/ LPG     FUEL OIL/ KEROSENE      Is the account closed?  YES  NO  
 WOOD                       OTHER: \_\_\_\_\_

Whose name is the account in, if it is NOT yours? \_\_\_\_\_

Does this person live with you?  YES     NO      What is this person's relationship to you? \_\_\_\_\_

## SECTION VII: ADDITIONAL SERVICES

### WEATHERIZATION ASSISTANCE PROGRAM (WAP)

**For more information, visit:**

[www.adeq.state.ar.us/energy/incentives/wap](http://www.adeq.state.ar.us/energy/incentives/wap)

- I want to be referred for weatherization services.
- I want to be referred for emergency HVAC repair or replacement only.

### ASSURANCE 16 PROGRAM (A-16)

- I am interested in attending workshops to learn more about how to reduce my home energy needs and other life skills, such as prioritizing household expenses.

## SECTION VIII: APPLICANT'S RIGHTS AND RESPONSIBILITIES

**IF SUBMITTING A PAPER APPLICATION, IT MUST BE SIGNED AND DATED OR YOUR APPLICATION WILL BE DELAYED.**

- I understand that my application will be shared with the providers of the above selected additional services.
- I understand the information on this application will be kept confidential and only be shared as indicated. No information will be sold, loaned, rented or otherwise disclosed except as indicated on this application.
- I understand that I have the right to appeal any decision regarding this application which I consider improper, any delay in decision or delivery of services, and any disagreement with benefit amount.
- I understand that I must help establish my eligibility by providing as much information as I can about my circumstances.
- I authorize the LIHEAP affiliate to share information relating to my application with my utility service provider(s) to determine my eligibility or benefit amount.
- I give permission to the Arkansas Energy Office (AEO) to use information provided on my application for purposes of reporting, research, evaluation, and analysis of the program.
- I authorize my utility supplier (s) to release my account information to Arkansas Energy Office (AEO) or its designee ( s ).
- I understand that my 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 LIHEAP office maintains the confidentiality of the data or uses the data as I have authorized.
- I understand that no person may be denied assistance on the basis of race, color, sex, age, handicap, religion, national origin, or political belief.
- I understand that my signature on this application authorizes the agency to verify information about me or any household member and/or use it as a release to secure information needed to determine my eligibility for services.
- I understand that if I receive assistance to which I am not entitled as a result of withholding information or knowingly providing false or fraudulent information regarding me and/or household members, I must repay the cost of any assistance and may face penalty of criminal prosecution.
- The information given on this application is true to the best of my knowledge and belief. I understand that this form is signed subject to penalties for perjury.

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A.  Approved  Denied  Withdrawn

This household meets crisis determination requirements set forth in **Policy 11.2.7: 1 & 2:**

Yes  No

B. Disposition Date: \_\_\_\_\_

C. Payee  
Energy Supplier: \_\_\_\_\_

Applicant: \_\_\_\_\_

D. Date Payment Made: \_\_\_\_\_

E. Payment Amount: \$ \_\_\_\_\_

F. Check Number: \_\_\_\_\_

Applicant's Signature

Date

Authorized Representative's Signature

Date