

NEBRASKA LOW INCOME ENERGY ASSISTANCE APPLICATION



Do Not Complete Items 1 - 3 — FOR OFFICE USE ONLY

| | | |
|----------------|---------|------------------|
| 1. Case Number | 2. Name | 3. Worker Number |
|----------------|---------|------------------|

APPLICANT INSTRUCTIONS: Assistance may be provided to eligible households based on the availability of federal funds. Answer ALL questions, attach ALL REQUESTED PROOFS OF INCOME AND UTILITY BILLS and return the COMPLETED AND SIGNED APPLICATION to your local social service office. Do not complete an application if any other household member has applied for the energy program.

LIST ALL HOUSEHOLD MEMBERS BELOW

Provide the following information for yourself and all the people who live with you. Please list yourself first.

| 4 First Name | 5 MI | 6 Last Name | 7 Check Disabled | 8 Age | 9 Date of Birth (Month, Day, Year) | 10 Sex M/F | 11 Social Security Number | 12 Is this U.S. Citizen/ Lawful Alien? | |
|-----------------|---------|----------------|---------------------|----------|--|------------------|------------------------------|--|----|
| | | | | | | | | Yes | No |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
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| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |

| | | | | |
|--|----------|----------|-----------|--------------|
| 13. Household Street Address | Apt. No. | 14. City | 15. State | 16. Zip Code |
| 17. Mailing Street Address (If different from above) | Apt. No. | 18. City | 19. State | 20. Zip Code |

| | |
|--|--|
| 21. Your Telephone Number Area Code () | 22. Check the race of the head of household - (Optional) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/Mexican American <input type="checkbox"/> Oriental/Pacific Islander <input type="checkbox"/> Other (Specify) _____ |
|--|--|

23. How do you heat your home? (Check all that apply)
 Include a copy of your current heating bill with the application

| | |
|--|--|
| <input type="checkbox"/> Electric Heat | <input type="checkbox"/> Propane Gas/LP or Bottled Gas |
| <input type="checkbox"/> Coal | <input type="checkbox"/> Fuel Oil/Stove Oil |
| <input type="checkbox"/> Kerosene | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Other (Specify) _____ |

I pay my fuel bill to:

 (Heating Utility Company's Name)

 (Account Number)

25. Living Quarters (Check one)
 Amount of Rent or House Payment

HOUSE

\$ _____ Own

\$ _____ Rent - landlord's name

\$ _____ Rent - utilities are included in rent

\$ _____ Public housing & utilities are included in rent

\$ _____ Public housing and you are responsible for heating bills

APARTMENT, DUPLEX, TRIPLEX, ETC.

\$ _____ Own

\$ _____ Rent - landlord's name

\$ _____ Rent - utilities are included in rent

\$ _____ Public housing & utilities are included in rent

\$ _____ Public housing and you are responsible for heating bills

24. Do you or any member of your family pay:

A. Health Insurance (Amount) _____

B. Child Support (Amount) _____

Include proof of what you pay with the application.

26. Does your household receive Food Stamps?

Yes No

| Does Any Person Receive Any Money From: | Yes | No | Name of Person Who Has Income | Monthly Amount | Name of Employer | FOR OFFICE USE ONLY |
|--|-----|----|-------------------------------|----------------|------------------|---------------------|
| 27. Salaries, wages, tips, commissions, etc. | | | | | | |
| 28. Income from Self-employment | | | | | | |
| 29. Social Security | | | | | | |
| 30. Supplemental Security Income | | | | | | |
| 31. Veteran's pension or compensation | | | | | | |
| 32. Unemployment compensation | | | | | | |
| 33. Child Support | | | | | | |
| 34. Workmen's compensation | | | | | | |
| 35. Student Financial Aid | | | | | | |
| 36. Income from ADC or AABD | | | | | | |
| Other (Specify) | | | | | | |

Does any person have any of these types of resources? Yes No If Yes — give information:

| | | |
|--|--|----|
| 37. Savings Account at | Account Number | \$ |
| 38. Checking Account at | Account Number | \$ |
| 39. Stocks/Bonds/CD's at | | \$ |
| 40. Motor Vehicles list make, model, year and approximate value | | \$ |
| 40. Motor Vehicles list make, model, year and approximate value | | \$ |
| 41. Cash on hand | | \$ |
| 42. Other | | \$ |
| 43. Equity In: | Boats, Utility Trailers, Recreat. Vehic., Airplanes, etc ... | \$ |
| | Real Property (Other than primary residence) | \$ |
| | Income Producing Property | \$ |
| | Other | \$ |
| | Total Resources and Equity | \$ |
| 44. Do you own any real property other than the home you live in? If yes, please list address(es) Do you receive rental income from this property; Amount | | |

I hereby request assistance from the Nebraska Low Income Energy Assistance Program and:

- A. I agree to take full responsibility for paying my heating bills if payment is made directly to me; or
- B. I understand that if there is an overdue bill or poor payment history the local Health and Human Services office is authorized to and may make payment directly to the provider on my behalf. I know that the Nebraska Department of Health and Human Services or any person or business helping me cannot discriminate against me because of my race, color, sex, age, national origin, religious creed, political beliefs, or handicap.

I understand that if I do not give true and correct answers on this form I can be found guilty of fraud and fined or put in prison or both. I also understand that my answers may be checked to see if they are correct and I so authorize.

Pursuant to Public Law 93-579 (the Privacy Act of 1974), I hereby authorize and consent to the release of privileged information regarding any energy situation, income and resources to representatives of the Nebraska Department of Health and Human Services.

I understand I have the right to appeal, and to ask for a fair hearing if I am not satisfied with the action taken by the state or local offices.

You must attach income verification such as pay stubs, receipts, and award letters, for the three months previous to the date on this application. Attach a copy of your most recent heating bill or rent receipt. Failure to provide verification may result in a denial of LIEAP payments.

 Sign Here _____
 Signature of Applicant _____ Date _____ Signature of Worker _____ Date _____