



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



**Low Income Home Energy Assistance
Walk-In Application**

OKDHS use only				
Case number	County number	Supervisor number	Worker number	Payee number
Application date	Certification date	Shelter code	Categorical code	

Submit only one application per household.

If your household is directly responsible for heating or cooling costs, you may apply for help in paying this expense by completing this application, and returning it to your local OKDHS office. At least one household member must be a U.S. citizen or an alien in lawful immigration status for your household to be eligible. If you or anyone in the household is Native American, you may apply either with OKDHS or with your tribe, but you cannot receive heating or cooling assistance from both.

Did anyone in your household apply for or receive Tribal LIHEAP this year? Yes No

I. Tell us about you.

Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth	
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Alien registration number		Social Security number
Race - check all that apply Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/> Tribe: _____			Are you Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mailing address, street or P.O. Box		City		State Zip
Street address or directions to your home, if different than mailing address				
Phone number where you can be reached			E-mail address	

II. Tell us about everyone else living in the home

Fill out the following for each person living in the home. If there are more than six persons in your household, attach another sheet of paper showing their information.

Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	
Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	
Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	
Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	
Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	

III. Additional required information

Total household gross income from employment: \$ _____

Total household income from sources other than employment: \$ _____

Total cash assets, including cash on hand, checking or savings accounts, certificates of deposit (CDs), and stocks or bonds: _____

Do you presently have a shut-off notice or is your fuel supplier refusing to deliver? Yes No

Do you receive financial help from any source to pay for your housing and heating or cooling cost? Yes No

If yes, who? _____

Housing is: rented owned/buying room only

Amount of rent you pay: \$ _____

If renting or rooming, does your rent include your heating or cooling bill? Yes No

If yes, skip to Section IV.

Only the bill for your primary source of heating or cooling fuel for the current season will be considered for payment. Be sure to list the name of the company that bills you, because OKDHS will pay directly to the utility company.

Natural gas or electricity - Attach most recent bill or copy of bill.

Company name		Account number
Account name, as shown on your bill	If the account is not in your name, explain	
Address where gas or electric meter is located		

Propane or butane. I want my (check one): propane butane delivered by:

Company or supplier name
Mailing address of supplier
Address where the fuel tank is located or fuel is delivered

Firewood, coal, oil, or kerosene.

For heating fuel, I use (check one): firewood <input type="checkbox"/> coal <input type="checkbox"/> oil <input type="checkbox"/> kerosene <input type="checkbox"/>
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IV. Things you should know

1. All applications for energy assistance must be made by contacting your local OKDHS Office.
2. You must report your new account number to the local OKDHS office if you move after submitting your application, even if the same company provides your heating or cooling fuel.
3. If you have not received a notice of approval or denial within 30 days after this application is submitted, contact the local OKDHS office.
4. You have the right to appeal any delay in decision and any action of the local OKDHS office, which you consider improper by requesting a fair hearing. You or your representative may have access to records relevant to the appeals process. Requests for a fair hearing may be made at your local OKDHS office.

I certify under penalty of perjury that I have truthfully reported the citizenship status of every person in my household. I understand I must advise OKDHS if anyone in my household is not in lawful immigration status.

If OKDHS approves my household for benefits and it is later determined I made a false claim of U.S. citizenship or lawful immigration status for anyone in my household, a complaint will be filed by OKDHS with the U.S. Attorney, and I may be subject to criminal prosecution.

I hereby authorize OKDHS to make any necessary investigation of my household's financial situation and other conditions relating to eligibility, including, but not limited to, examination of my account with any public utility provider. I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits which he or she is ineligible to receive may be subject to prosecution to the fullest extent of the appropriate state or federal statute.

 Signature

 Date

 Phone

Witness, if you sign with an X: _____

 Signature

OKDHS has assured compliance with Department of Health and Human Services (DHHS) Regulations, Title 45, Code of Federal Regulations, Part 80 and Part 84. These laws and regulations prohibit excluding from participation in, denying the benefits of, or subjecting to discrimination under any program or activity receiving federal financial assistance any person on the grounds of race, color, national origin or any qualified person on the basis of handicap. Written complaints of noncompliance with either law should be made to the Director of OKDHS, Box 25352, Oklahoma City, Oklahoma, 73125, or to the Secretary of DHHS, Washington, DC, or both.

FOR OFFICE USE ONLY. Income computation:

Gross earned income \$ _____ minus work related (\$240 for each wage earner)
 \$ _____ equals net earned

Unearned income \$ _____ minus applicable deductions (Medicare buy-in if **not**
 on public assistance) \$ _____ equals unearned \$ _____.

Total net earned and unearned income equals countable income \$ _____.

Household size: adults _____ Children _____ Eligible amount: \$ _____.

60 or older Disabled 2 years old or under 3 to 5 years old

 Worker's signature

 User identification no.

 Sup./dist.

 Date