



Date: _____
Case name: _____
Case number: _____
County number: _____
Supervisor/worker number: __ / __

## Low Income Home Energy Assistance Program (LIHEAP) Walk-In Application

FOR OKDHS USE ONLY.				
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 assistance this year?  
 Yes    No

**I. Tell us about everyone who lives in the home starting with the adult head of household.** This person will be the payee. You must check yes or no in the U.S. citizen block and fill in the Social Security number for each person who wants benefits. If there are more than six persons in your household, attach another sheet of paper showing their information.

<b>Person 1.</b> Name of adult head of household		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number		
Race - check all that apply		Are you Hispanic or Latino?		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Asian	Tribe: _____		
<input type="checkbox"/> American Indian or Alaskan native	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		

		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	
Race - check all that apply <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		<input type="checkbox"/> White <input type="checkbox"/> Asian Tribe: _____	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Person 3. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	
Race - check all that apply <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		<input type="checkbox"/> White <input type="checkbox"/> Asian Tribe: _____	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Person 4. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	
Race - check all that apply <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		<input type="checkbox"/> White <input type="checkbox"/> Asian Tribe: _____	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Person 5. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	
Race - check all that apply <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		<input type="checkbox"/> White <input type="checkbox"/> Asian Tribe: _____	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Person 6. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	
Race - check all that apply <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		<input type="checkbox"/> White <input type="checkbox"/> Asian Tribe: _____	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

## II. Tell us about your income and resources.

Total household gross income from employment (before deductions): \$ \_\_\_\_\_  
 Total household income from sources other than employment: \$ \_\_\_\_\_

Do you receive financial help from any source to pay for your housing and heating or cooling cost?  Yes  No  
 If yes, who? \_\_\_\_\_

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

## III. Tell us about your expenses.

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

You may be eligible for a medical expense deduction for household members who are disabled or age 60 or older. These costs could be doctor or hospital bills, medicine, transportation, health insurance premiums, or other medical services.

Please list monthly medical expenses here.

Name	Type of expense	Monthly expense
		\$ _____
		\$ _____
		\$ _____

Does anyone in your household PAY court ordered child support? Yes  No   
 If yes, please fill out the information below:

Who pays support?	How much?	How often?
Who gets support?	Phone number	

## IV. Tell us about your primary source of heating or cooling fuel.

Only your utility bill 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		



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 disability. Written complaints of noncompliance with either law should be made to the OKDHS Director, Box 25352, Oklahoma City, Oklahoma, 73125, or to the DHHS Secretary, Washington, D.C., or both.

**FOR OKDHS USE ONLY. Income computation:**

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

Unearned income \$ \_\_\_\_\_ minus applicable deductions (legally binding child support and medical expenses per OAC 340:20-1-11) \$ \_\_\_\_\_ 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.	Supervisor/ worker no.	Date
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