



Board of County Commissioners

Department of Community Services
 Housing Services Division
 2804 W. Marc Knighton Court, Key #12
 Lecanto, FL 34461
 (352) 527-7520 Fax (352) 527-7531
 TTY (352) 527-5901

For Office Use Only

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Home Energy | <input type="checkbox"/> Past Due |
| <input type="checkbox"/> Summer Crisis | <input type="checkbox"/> Shut Off |
| <input type="checkbox"/> Winter Crisis | <input type="checkbox"/> Restore |
| <input type="checkbox"/> Weather Related | <input type="checkbox"/> Deposit |
| <input type="checkbox"/> Pre-Pay | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Nominal Crisis (\$50 or less) | |

Application Receipt: _____
 Weatherization Referral Yes No
 If no, list reason: Renter
 Other: _____

LIHEAP Application (Low Income Home Energy Assistance Program)

Section 1: You, and Any Person(s) Who Lives in The Home With You

Name (First, Middle Initial, Last) PRINT	Relationship to Applicant	Social Security #	F/M Female or Male?	Date of Birth MM/DD/YY	A G E	Race *	Veteran? (Y or N)	Disabled? (Y or N)
	Self							

*Race: White (W), Black or African American (B), American Indian/Alaska Native (N), Asian (A), Other (O), Multi-race (M) or Hispanic/Latino (H)

- Please list all other names used by anyone in the household, example: maiden name, former name, alias, or nicknames:

- If you or anyone in your home is not a U.S. citizen or an alien lawfully admitted for permanent residency, provide the person's name and alien status under the Immigration and Naturalization Act.
Name: _____ Alien Status: _____
- Is any member of your household a member of the Poarch Creek Indian Tribe? Yes No
- Day time phone # _____ Alternate # _____

Section 2: Where You Live

Home Address

Street # and Name, RFD, Apt. or Lot #	City or Town	State FL	Zip Code	County Citrus
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Mailing Address (if different from the address used above)

Street # and Name, RFD, Apt. or Lot #	City or Town	State FL	Zip Code	County Citrus
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- Are you the: home owner or tenant
- Is this; Section 8 housing, a government subsidized housing complex, VASH, dormitory, nursing home, adult foster home, or any kind of group living facility? Yes No
- Is the electric included in your rent? Yes No Do you receive a utility allowance? Yes No

4. If you share your living or mailing address with others who are not part of your home, list their names:

_____ ; _____ ; _____

Section 3: Income and Benefits

Person with Income	Income Source (Job, Social Security, Etc.)	Gross \$ Amount (Before Deductions)	How Often? (Weekly, Bi-Weekly, Monthly, Semi-Monthly)
		\$	
		\$	
		\$	

1. Is anyone in your household currently receiving Medicaid, food stamps, or cash assistance? Yes No

2. Are you an employee of Citrus County BOCC or related to an employee of the Citrus County BOCC?

Yes No If yes, explain: _____

Section 4: Home Heating or Cooling

Energy Source	Company' Name	Customer's Name on the Account	Relationship To You	Customer's Account #
Electric				
Propane				
Other – Specify:				

1. If you or any member of your household has received LIHEAP/EHEAP energy assistance in the last 18 months, complete the information below:

Name of Agency

Type of help (elderly, crisis, regular, WR)

Date

DEO RELEASE ON FILE

2. Please carefully read the following statement and sign:

- The information above is, to the best of my knowledge, true and complete.
- I understand that priority in providing assistance will be given to those households with the lowest income and greatest need; i.e. those households in which the elderly, disabled, medically needy or young children reside.
- I am aware that **only** energy related charges are to be paid. Items **not** allowed; meter tampering, light fixtures, equipment rental, meter base protector services and bad checks.
- I authorize the agency to make benefit payments directly to my energy supplier.
- I am aware that after I have provided all the information requested, if I am applying for crisis assistance, the agency has 48 hours if not life threatening; 18 hours of application receipt if my situation is life threatening, to approve or deny my application, and, if I am approved, the agency has no more than 45 calendar days from application date to make benefit payments to the energy supplier.
- I am also aware that in the event of a calculation error or my eligibility changes, I will be notified within 15 working days of application date, I have the right to request an appeal hearing within 10 working days of notice.

Applicant Signature

Application Date

Caseworker

Application Date

Edit Staff/Supervisor

Date

<p><i>For Office Use Only</i></p> <p>Authorization for Release of General /Confidential Information for LIHEAP/EHEAP Federal Reporting</p> <p><input type="checkbox"/> signed by Account Holder <input type="checkbox"/> signed by Applicant (not acct holder) <input type="checkbox"/> Refused</p>



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INCOME & EMPLOYMENT STATEMENT

I certify that the following adult household members (including myself) are currently unemployed and have no source of earned income

1.	3.	5.
2.	4.	6.

I certify that the following people are SELF-EMPLOYED:

Name:	Estimated <u>annual</u> Income: \$
Name:	Estimated <u>annual</u> Income: \$

LOW INCOME / NO INCOME INTERVIEW FORM

(**Only** answer questions 1-4 if the total household gross monthly income is less than **\$1041.00** per month)

1. Please explain how you meet your basic living expenses such as food, rent, utilities, clothing, personal care, medical, cell phone, cable, internet, etc.

2. Have you received support from others to help meet your living expenses? ____ Yes ____ No

Explain: _____

3. How do you pay car expenses and / or transportation (gas, registration, and car payment, insurance)?

4. Do you receive Food Stamps, WIC or other non-cash assistance? ____ Yes ____ No

If yes, explain: _____ If no, explain: _____

I hereby certify that the above information is truthful to the best of my knowledge. I do understand Instances of fabrication or falsification of information provided to the Low Income Home Energy Assistance Program (LIHEAP) by the applicant, or others in connection with the applicant in order to influence the eligibility determination, will be considered as having committed "Attempted Fraud". Applicants who receive financial assistance from LIHEAP, based on fraudulent information and/or documentation, by themselves, or with the assistance or others, will be considered as having committed "Fraud".

Applicant's Signature: _____

Date: _____

Interviewer Signature: _____

Date: _____

**NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Low Income Home Energy Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and Citrus County Board of County Commissioners Housing Services for the purposes specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Low Income Home Energy Assistance Program.

Date

Applicant's Signature



Authorization for Release of General and/or Confidential Information
For LIHEAP/EHEAP Federal Reporting

The Florida Department of Economic Opportunity's (DEO) Low Income Home Energy Assistance Program (LIHEAP) Program Office is requesting that you authorize your utility service provider to disclose the following information to the LIHEAP office to which you are applying for assistance:

- Your utility account status and history, such as payment history, past due amounts, deposits, current shut-off due dates or disconnection, current life support status, payment arrangements, and history of energy assistance payments.
Your total annual energy usage and charges for up to twelve months.

The Florida LIHEAP office and its contractors will use this information to develop LIHEAP program performance measures and meet Federal reporting requirements.

Please note that:

- You have a right to receive a copy of this form.
You are not required to authorize your utility service provider to disclose your customer data.
Your decision not to authorize the disclosure will not affect your utility services or any LIHEAP assistance you may be eligible for.
Your utility service provider may not disclose your customer data unless you authorize the disclosure to the LIHEAP office, DEO, or as otherwise permitted or required by laws or regulations.
Your 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 Florida LIHEAP office maintains the confidentiality of the data or uses the data as authorized by you.
The Florida LIHEAP office will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations and developing LIHEAP program performance measures.

Table with 2 columns and 5 rows containing utility account information fields: ACCOUNT HOLDER (CUSTOMER NAME), SERVICE ADDRESS FOR UTILITY, NAME OF UTILITY SERVICE PROVIDER, UTILITY ACCOUNT NUMBER, and (YOUR) PHONE NUMBER FOR UTILITY ACCOUNT.

SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER

I hereby authorize the above named utility and this agency to disclose pertinent information regarding my account to agencies that may provide me financial assistance, including the Florida LIHEAP Office. I understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility for assistance. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

ACCOUNT HOLDER'S SIGNATURE: _____ DATE: _____

SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER

As applicant for payment assistance for the above named utility account, I hereby confirm, under penalty of perjury, that I am an Authorized Representative on behalf of the Account Holder and I have authority to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. I, and the Account Holder, understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

APPLICANT'S NAME (NOT ACCOUNT HOLDER): _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

SECTION C: FOR AGENCY USE ONLY

Agency must maintain this form in the Applicant's file and make it available to the utility vendor of record upon request, for accounting and auditing purposes.

AGENCY NAME: Citrus County Housing Services, Citrus County BOCC

PHONE: 352- 527-7520

AGENCY CASEWORKER'S NAME: _____

AGENCY CASEWORKER'S SIGNATURE: _____

DATE: _____