

Have you or a household member lost a job or wages due to a State- or Federally-declared disaster or emergency in the last 6 months? (Circle one) Yes or No Are you behind on your home energy bills? (Circle one) Yes or No				Application for Assistance			
				1. If you have an email, please provide it below:			
2. Applicant First Name			MI	Applicant Last Name		3. Telephone:	
CUSTOMER ACCOUNT ADDRESS				HOUSEHOLD MAILING ADDRESS			
4. Dwelling #	5. Residence Street Name		6. Apt/Lot	10. Street and Number; P.O. Box; RFD			
7. Residence City		8. State	9. Residence ZIP	11. City		12. State AL	
Number of persons in household who are Migrant/Seasonal Workers:		Has dwelling ever received any weatherization assistance? (Circle One) Yes or No. If yes, what year was your home weatherized?		Area: N/A Do you rent or own?	Type of Structure (apartment, site-built home, mobile home): Does the government pay any of the rent or house payment? (Circle one) Yes or No		
14. Ethnic Group			15. Sex (Applicant)		16. Have you received LIHEAP before?		
17. Household Size	18. Total Household Income Last Month:		19. Utility allowance received through rent reduction or reimbursement payment: Amount:				
20. # of Household members who are Elderly (60 or over) Disabled Native American Child		21. Primary Heating Fuel (Electric, Natural Gas, Propane, Wood?)		Primary Cooling Fuel Electric	Primary Heating Source		

22. Household members _____ 23. Verification/Remarks _____

First Name and Last Name (List Head of Household first) _____ Date of Birth _____ Social Security Number _____ Amount of Income Received Last Month _____

Note: Sections #24 and #25 will be completed by the Community Action Agency when they receive your signed application.

24. Status _____ Date: _____

Comments/Explanations: _____

25. Payment(s) totaling _____ will be made on behalf of the household to:

(Vendor Name)	(Vendor Code)	(Amount)	(Account Name)	(Account Number)
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26. **STATEMENTS OF AFFIRMATION**
 I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give consent for this agency to verify the information I have given and for related outside sources to provide any information necessary in the completion of this application. I understand I am responsible for all related costs of the program not paid by the State. I understand that I am subject to all applicable Federal or State laws concerning fraud or if I knowingly provide false or incomplete information in order to obtain assistance.

27. **Certification of Section 245A (Amnesty Aliens) and 210 A (Replenishment Agricultural Workers)**
 I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under section 245A or 210A of the Immigration and Nationality Act as amended by the Reform and Control Act of 1986.

28. **Customer is responsible for remaining balance**

29. For the purposes of verification and analysis, I grant permission for utility providers and/or fuel suppliers to release energy costs and billing data to the Alabama Department of Economic and Community Affairs.

Applicant Signature	Date	Caseworker Signature	Date
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