

## Emergency Home Energy Assistance for the Elderly Program - Application

Section One: Applicant (Aged 60 and older) Information				Date Stamp
Name: (First, M, Last)		<input type="checkbox"/> Heating Season <input type="checkbox"/> Cooling Season		
Date of birth:	Age:	SSN:		
Service address:				
City:	Florida County:	ZIP Code:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of people in the household:	Phone:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other				
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other				
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____				
Does client have limited ability reading, writing, speaking, or understanding the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Applicant's income type(s):		Applicant's monthly income amount:		
Section Two: Additional Household Members Information				
Name:		Income type(s):		
	Age:	SSN:	Monthly income amount:	
Name:		Income type(s):		
	Age:	SSN:	Monthly income amount:	
Name:		Income type(s):		
	Age:	SSN:	Monthly income amount:	
Name:		Income type(s):		
	Age:	SSN:	Monthly income amount:	
Name:		Income type(s):		
	Age:	SSN:	Monthly income amount:	
Section Three: Household Characteristics				
Is there a child 5 years of age or younger in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, select all that applies: <input type="checkbox"/> 0-2 years old <input type="checkbox"/> 3-5 years old				
Is there an individual with a disability in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the applicant a U.S. citizen or an alien lawfully admitted for permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the applicant a homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does applicant live in government subsidized housing, such as Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the complex name: _____				
If yes, does the household receive an energy subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does applicant live in a student dormitory, adult family care home, or any kind of group living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the facility name: _____				
Section Four: Heating and Cooling Information				
Have you or any member of your household received energy assistance in the current season? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the name of Agency: _____				
Type of Assistance: <input type="checkbox"/> Crisis <input type="checkbox"/> Home Energy <input type="checkbox"/> Weather-Related    Date: _____				
What is the primary source of home heating? (select one) <input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood/Coal <input type="checkbox"/> Refillable Fuels				
Does household use supplemental heating source? <input type="checkbox"/> Electricity <input type="checkbox"/> Wood/Coal <input type="checkbox"/> N/A				
Air conditioning unit type? <input type="checkbox"/> Central A/C <input type="checkbox"/> Window/Wall A/C <input type="checkbox"/> Fans <input type="checkbox"/> Other – specify (including evaporative cooler)				
Section Five: Energy Crisis Explanation		Client Attestation and Signature		
<input type="checkbox"/> Home cooling or heating energy source has been disconnected.		The information provided on this application, 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 children reside. 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 to determine my eligibility, if I am applying for crisis assistance, the agency has 18 hours to act upon my application with an eligible action. I am also aware that if I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to appeal the decision. (If you sign with an "X" two witnesses are required.)		
<input type="checkbox"/> Received notification that cooling or heating energy source is going to be disconnected.				
<input type="checkbox"/> Cooling or heating energy source bill is delinquent or past due.				
<input type="checkbox"/> Cooling or heating energy source bill or notice's due date has lapsed.				
<input type="checkbox"/> Unable to get delivery of heating fuel, is out of heating fuel, or in danger of being out of fuel for heating.				
<input type="checkbox"/> My home's energy equipment is inoperable.				
<input type="checkbox"/> I need a deposit.				
<input type="checkbox"/> Other _____		Client Signature: _____ Date: _____		

**ALL CLIENTS SHOULD SIGN THE WAIVER, AUTHORIZING THE RELEASE OF GENERAL AND/OR CONFIDENTIAL INFORMATION FOR LIHEAP/EHEAP FEDERAL REPORTING.**