



WYOMING LIEAP AND WEATHERIZATION APPLICATION FORM

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, CALL THE LIEAP OFFICE AT 800-246-4221 or 307-460-2020
You can get another copy of this application at: <http://dfsweb.state.wy.us/>

CENTRAL LIEAP OFFICE USE ONLY:		
Approved for LIEAP and Weatherization at 60% SMI Yes _____ No _____	Date Approved	Caseworker Initials
Approved for State Funded LIEAP and Weatherization at 215% Yes _____ No _____	Date Approved	Caseworker Initials
Caseworker's Signature:		Date:

1. APPLICANT PROOF OF LAWFUL PRESENCE IS REQUIRED OF THE PERSON LISTED UNDER #1 (APPLICANT)

Last Name	First Name	Middle Name	Maiden or Previous Name		
Address of Residence (Service Address)			City/Nearest	State	Zip Code
Mailing Address or PO Box (If different from residence)			City	State	Zip Code
Social Security Number	Phone, Cell, or Message #	Date of Birth	In which County do you live?		

2. HOUSEHOLD MEMBERS

COMPLETE THE FOLLOWING FOR EACH MEMBER OF YOUR HOUSEHOLD. "**YOUR HOUSEHOLD**" MEANS YOURSELF AND THE PEOPLE WHO LIVE WITH YOU FOR WHOM YOU HAVE FINANCIAL RESPONSIBILITY. LIST ROOMMATES OR MEMBERS OF OTHER FAMILIES THAT MAY BE LIVING WITH YOU IN #3.

Name (List yourself and all household members)	Relation-ship to You	Date of Birth	Place of Birth	Age	Sex	Social Security Number	Do You Have Income?		Are You a US Citizen?		*Are You a Registered Alien?	
							Yes	No	Yes	No	Yes	No
	SELF											

*If you (or members of your household) are a registered alien, please attach a photo (front and back) of the alien registration card(s) to the application.

3. DOES ANYONE ELSE LIVE AT THIS RESIDENCE BESIDES THE PEOPLE YOU LISTED ABOVE?

Yes No

If "Yes," how many other families or roommates live with you? _____

Please list the names of the roommates or members of other families living with you. Do not include members of your own household who are already listed above.

Name	Relationship to You	Age

IF YOU ARE FACING A HOME HEATING EMERGENCY, SUCH AS A SHUTOFF OR PENDING SHUTOFF, CONTACT THE LIEAP OFFICE.

4. HOUSEHOLD FINANCIAL INFORMATION

A. Does anyone in your household have work income? Yes No

Employer	Address and Phone #	Who receives it?	How often paid?	Gross Monthly Income

STOP: ATTACH 3 CONSECUTIVE PAY STUBS FOR ALL HOUSEHOLD MEMBERS
If pay stubs are not available call the LIEAP office for a DFS 106 employer statement.

B. Does anyone in your household have self-employment income?
 (Include baby-sitting, child care, etc.) Yes No

Business	Address	Who receives it?	How often paid?	Gross Monthly Income

ATTACH PROOF OF SELF-EMPLOYMENT INCOME PROFIT and LOSS STATEMENT
(Provide most recent income tax business schedules or business profit and loss statement.)

C. Does anyone in your household have non-work income? Yes No
 If Yes, please check below.

	Who receives it?	How often paid?	Gross Monthly Income	ATTACH PROOF OF ALL INCOME FOR ALL HOUSEHOLD MEMBERS
<input type="checkbox"/> Supplemental Security Income (SSI)				
<input type="checkbox"/> POWER/TANF				
<input type="checkbox"/> Social Security				
<input type="checkbox"/> Child Support				
<input type="checkbox"/> Alimony/Spousal Maintenance				
<input type="checkbox"/> Veteran's Benefits				
<input type="checkbox"/> Unemployment Compensation				
<input type="checkbox"/> Workers Compensation/Disability or Sick Benefits				
<input type="checkbox"/> Pensions, Retirement Income, or Railroad Retirement				
<input type="checkbox"/> Money from others, such as friends or relatives				
<input type="checkbox"/> Any other income, explain:				

Do you, your spouse, or other household members over 18 pay child support? Yes No Amount Paid \$ _____
Proof of paying child support must be included with your application.

Are you or anyone in your household receiving public assistance? Yes No Check all types of assistance received.
 TANF/POWER FOOD STAMPS MEDICAID RENTAL/UTILITY ASSISTANCE OTHER (specify): _____

D. Explain how you are paying the following costs **ONLY if your household income does not cover your basic living expenses.**
 Rent _____
 Utilities _____
 Food _____
 Other _____

5. LIVING ARRANGEMENTS

Check the item that best describes where you live.

- | | | |
|--|---|--|
| <input type="checkbox"/> House | <input type="checkbox"/> RV | <input type="checkbox"/> Dormitory |
| <input type="checkbox"/> Duplex/Triplex/Fourplex | <input type="checkbox"/> Van/Car | <input type="checkbox"/> Fraternity/Sorority House |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Rooming/Boarding House | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Hotel | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Group Home | <input type="checkbox"/> Nursing Home/Residential Facility |
| <input type="checkbox"/> Other, Specify: _____ | | |

Do you Own Rent or Live in subsidized, low-income housing (Section 8, senior citizen apartments, public housing, etc.)?

Rent or mortgage payment: Rent: \$ _____ Mortgage: \$ _____ Space/Lot Rent \$ _____

If you rent, what is your landlord's name? _____ Phone _____

Address _____

If it is an apartment, what is the name of the apartment complex? _____

How many units does the apartment complex have? _____

6. HEAT/RENT INFORMATION

Check the **Main** fuel used to heat your residence (not your lights). Check only one.

- Natural Gas Propane Electricity Wood/Pellets Coal Home Heating Oil Other

Check the way in which the main heat (not light) is paid for at your residence.

1. I pay heating costs directly to a utility company or fuel dealer. **(Attach a copy of most recent heating bill.)**

Name of fuel provider: _____ Billing account number: _____

2. Heat is included in my rent. **(Attach a copy of the most recent rental agreement. If not available call the LIEAP office for Form DFS 109.)**

3. Someone other than a member of my household pays my heating costs. Provide name and address of that person and their relationship to you. **(Attach a copy of most recent heating bill.)**

Name: _____ Address: _____ Relationship: _____

Explain why your heating bill is in their name: _____

Check the **Secondary** (if applicable) fuel used to heat your residence (not your lights). Check only one.

- Natural Gas Propane Electricity Wood/Pellets Coal Home Heating Oil Other

Check the way in which the secondary heat is paid for at your residence (not your lights).

1. I pay heating costs directly to a utility company or fuel dealer. **(Attach a copy of most recent heating bill.)**

Name of fuel provider: _____ Billing account number: _____

2. Heat is included in my rent. **(Attach a copy of the most recent rental agreement. If not available call the LIEAP office for Form DFS 109.)**

3. Someone other than a member of my household pays my heating costs. Provide name and address of that person and their relationship to you. **(Attach a copy of most recent heating bill.)**

Name: _____ Address: _____ Relationship: _____

Explain why your heating bill is in their name: _____

Do you have a Wyoming Card (JP Morgan)? Yes No

Under whose name is the Wyoming card? _____

7. ADDITIONAL INFORMATION

Check all that describe any member of your household.

- | | |
|---|--|
| <input type="checkbox"/> Children aged 0-2 years | <input type="checkbox"/> Handicapped or disabled Name: _____ |
| <input type="checkbox"/> Children aged 3-5 years | <input type="checkbox"/> Received LIEAP last year |
| <input type="checkbox"/> Person 60 years or older | <input type="checkbox"/> Employed |

Head of household: Male Female

Race of head of household: Hispanic White African American Native American Asian Other

If you live in the Wind River Reservation and you are a Native American are you:

Shoshone Arapaho Other _____

Are you applying for CRISIS assistance? Yes No **If yes, mark your crisis situation:**

Utilities shut off Less than 10% fuel Utility deposit Tank set Furnace not working Back bills

Are you interested in a program to help you conserve energy in your home (Weatherization)? Yes No

Have you received weatherization at this residence before? Yes No When? (Month/Year) ____/____/____

8. APPLICANT CERTIFICATION

AUTHORIZED REPRESENTATIVE: You can name another person who can apply for LIEAP or receive information on your behalf. You will be responsible for any results from wrong information given by this person. This person cannot be a member of your household and you must give us an ID on this person. Do you have an authorized representative? Yes No If yes, complete the following information:

Name of person to apply and obtain information (Print) _____

Address: _____

All adults (18 years of age or older) living in the household must sign and date the application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

If someone else helped you complete this application, that person must sign below.

Signature: _____ Date: _____

Address: _____ Phone: _____

APPLICANT RESPONSIBILITIES

Read the following and initial each one.

_____ I understand that the LIEAP office may require proof of any information provided in this application or subsequently reported to the LIEAP office.

_____ I am aware that failure to provide proof of lawful presence, income and heating costs will result in denial of LIEAP benefits.

_____ I hereby authorize release of information concerning my LIEAP application and benefits to my utility company and/or fuel dealer if necessary for a vendor payment, to prevent shutoff, or to obtain energy usage data information for weatherization purposes.

_____ My Social Security Number may be used to request and exchange information with other agencies as part of the eligibility verification process.

_____ I am aware that I have the right to a fair hearing appeal and to the assistance of legal counsel in the event of a denial, reduction, or termination of my assistance, and in other matters for which such appeal rights exist.

_____ I declare that the information given by me in this application is true and correct. I understand the penalty for providing false information shall be no more than a \$15,000 fine, or not more than 5 years imprisonment, or both.

_____ I understand that my LIEAP benefit is not intended to pay for all my heating costs. I am responsible for paying any costs still owed to my heating provider or my landlord (as applicable).

If you requested Weatherization services, your signature above states you have read and agree to the following statements:

1. My home is not projected for sale or rent within the next twelve (12) months.
2. To the best of my knowledge, a Department of Energy related program has not previously weatherized this residence.
3. I certify that I am the legal owner of this residence or that I will provide a rental agreement to the Weatherization agency signed by the true owner or owner's authorized agent or manager.
4. I authorize that this dwelling may be weatherized in accordance with the guidelines and procedures established by the Department of Energy and the State of Wyoming.
5. I understand that the dwelling for which this application is made can be weatherized one time.

**Mail Applications to: LIEAP, 710 Garfield, Suite 208, Laramie, WY 82070
or Fax to: 307-460-2030**

APPLICANT CHECKLIST

Did you remember to include these items with your application?

- ONE FORM OF IDENTIFICATION FOR EVERYONE IN THE HOUSEHOLD.**
- ATTACH A COPY OF YOUR MOST CURRENT ALIEN REGISTRATION CARD(S) (IF APPLICABLE), FRONT and BACK OR PROOF OF CURRENT IMMIGRATION STATUS FOR ALL HOUSEHOLD MEMBERS THAT ARE NON US CITIZENS.**
- PROOF OF INCOME FOR EVERYONE IN THE HOUSEHOLD.** Three consecutive pay stubs, SSI/Retirement/Disability Award Letters, Interest Income, Rental/Utility Assistance, Child Support, Other Income Documentation or DFS 106. **DO NOT SEND BANK STATEMENTS AS PROOF OF INCOME.**
- COPY OF FUEL BILL FOR PRIMARY AND SECONDARY SOURCE OF HEAT or DFS 109,** (12 Months if you are requesting Weatherization Services).
- THE APPLICATION MUST BE SIGNED BY EVERYONE IN THE HOUSEHOLD WHO IS 18 OR OLDER.**
- PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.**

APPLICANT RIGHTS

I. FAIR HEARING

If the application is not acted upon within 45 days of receipt of all documentation by the Central LIEAP office without good cause, you may request a fair hearing within 10 days from the time the 45-day period elapses. If your application is denied, you must first request a conference with the Central LIEAP office within 10 days of the date of denial. This request must be in writing to the Central LIEAP office. If issues are unresolved after the conference, you may still request a fair hearing. A written request for a fair hearing must be submitted within 10 days of the date of the conference with the Central LIEAP office. For more information regarding the fair hearing process you may call the LIEAP Consultant at 307-777-6346. If you do not have a phone, you may contact the LIEAP Consultant in writing at the Department of Family Services, Hathaway Bldg., 3rd Floor, Cheyenne, WY 82002-0490.

II. PRIVACY ACT INFORMATION

Information requested on this application is required in order to determine service eligibility and to comply with other program requirements. Records are maintained by this agency for review, analysis, research, and evaluation by the State of Wyoming, Federal Agencies, and their authorized representatives. The information you provide is kept confidential, except that DFS may disclose the information you provide, without your consent, in the following instances:

- A. To federal, state, or local authorities who are responsible for administering or enforcing the regulations of the program for which you apply or receive benefits: these authorities may begin an investigation or bring civil or criminal action on the basis of the information they receive regarding your case.
- B. To a court, judge, or other administrative legal body, but only when the information is required in a civil or criminal proceeding.

III. DISCRIMINATION ACT

The application presented by the applicant will be considered without regard to race, color, sex, age, handicap, religion, national origin, marital status, or political belief. If you believe you have been discriminated against, you can file a complaint with the Department of Family Services. We do, however, need an indication of race and marital status for statistical purposes.

IV. AUTHORIZATION TO FURNISH INFORMATION

I do hereby authorize any person having custody or knowledge of the information relating to myself and members of my household, to furnish any requested information, including confidential information, to any duly authorized agent of the Department of Family Service and the Central LIEAP office. This information is to be used solely for the purpose of determining eligibility for the programs for which I am applying. I also agree to provide information necessary to verify any statement given on this application. This release is valid from the date set out on this application and shall remain valid until revoked by me in writing. A copy of this authorization is as valid as the original. This authorization includes permission for fuel suppliers to release fuel consumption information and payment history to both the LIEAP and Weatherization Programs.

V. AUTHORITY TO REQUIRE SOCIAL SECURITY NUMBER AND COMPUTER MATCHES

The applicant is not required to give a Social Security Number (SSN) for all household members when applying for LIEAP and Weatherization benefits, but it is strongly encouraged. Providing this may expedite the processing of your application. The information you report will be checked by computer matches using social security numbers. The Central LIEAP office will be comparing information on the application with information on record with the Department of Family Services. All persons listed on the application will be included in the computer matches, whether or not they receive benefits. Outside sources and/or your household members will be asked to verify inconsistent information. The information received may affect your eligibility and benefits.

CERTIFICATIONS: By signing the Certification on the front of this application you are certifying that:

- My signature on this application grants permission to the Department of Family Services or its authorized agent to (a) verify any information concerning residence, employment, income resources, energy supply, and energy supplier which I have given concerning this request for assistance; (b) obtain any information needed concerning heating costs and usage; and (c) complete any survey in connection with energy assistance.

- I authorize the release of limited information to approved agencies, which provide other energy/weatherization assistance for which I may be eligible.
- I swear/affirm that all information contained in this application is true, correct, and complete, to the best of my ability, knowledge, and belief.
- I am aware that I can be penalized by fine and/or imprisonment for making false statements.
- I understand I have the right to appeal any decision or undue delay in processing which I consider improper regarding this application.
- I affirm that Wyoming is my legal residence.
- I affirm that I live in my residence during the program year from October 1 through May 31.
- I understand that any social security number(s) given will be used in the administration of this program, including cross matches with other programs.
- I understand that I will be sent a notice of eligibility or ineligibility and, if eligible, it will state the amount of my benefit.
- I further understand that if my household is eligible for a LIEAP benefit it must be sent directly to my utility company or fuel dealer unless I am a renter and my heat is included in my rent. If heat is included in my rent then I understand that my LIEAP benefit must be sent to the landlord.
- I acknowledge that I have read or had someone read the above information and that I understand my responsibilities.

OTHER AVAILABLE ENERGY ASSISTANCE PROGRAMS AND DESCRIPTIONS
WEATHERIZATION- DESCRIPTION OF POSSIBLE BENEFITS

Weatherization is a federal program for eligible low income individuals designed to lower monthly fuel cost by making a home more fuel-efficient, lowering fuel usage, and making the home more comfortable at **no cost** to the client.

Measures addressed by the Weatherization Program are:

1. **Health and Safety:** Inspect and test combustion appliances and indoor air quality.
2. **Heating System Efficiency and Safety:** Tuning and adjusting heating systems.
3. **Hot-Water Systems:** Insulate water lines and water heaters.
4. **Drafts and Air Leaks:** Sealing off major air leaks, weather-stripping, and caulking.
5. **Insulation:** Attics, floors, walls, ceilings, and bellies of mobile homes.
6. **Electric Base-Load:** Test refrigerator efficiency and install energy efficient light bulbs.

LOCAL AGENCY NAME	PHONE NUMBER
WYOMING ENERGY COUNCIL – LARAMIE OFFICE	1-307-742-0312
COUNCIL OF COMMUNITY SERVICES (GILLETTE AND SHERIDAN)	1-307-686-2730
WYOMING WEATHERIZATION SERVICES – CASPER OFFICE	1-307-235-9007
WYOMING WEATHERIZATION SERVICES – TORRINGTON OFFICE	1-307-532-2287
WYOMING WEATHERIZATION SERVICES – WORLAND OFFICE	1-307-347-2200
WYOMING WEATHERIZATION SERVICES – POWELL OFFICE	1-307-754-2844
WYOMING WEATHERIZATION SERVICES – RIVERTON OFFICE	1-307-856-9077
WYOMING WEATHERIZATION SERVICES – GREEN RIVER	1-307-875-1890
WIND RIVER INDIAN RESERVATION (ARAPAHO TRIBE ONLY)	1-307-332-3060

CRISIS - DESCRIPTION OF POSSIBLE BENEFITS

- The maximum CRISIS benefit available varies depending on the household income and the amount needed to resolve the CRISIS.
- Clients may receive a CRISIS benefit for either a utility deposit or tank set (not both) once (1) per year. For metered services, deposits must meet the standards set forth in the Wyoming Public Service Commission Rules, Chapter 2 General Regulations, Section 241 (Customer Deposits, Gas and Electric Utilities).
- If there is additional need, clients may also receive a CRISIS benefit once (1) per year to assist with back bills and/or an additional tank fill (when the tank is below 10%). A back bill is any outstanding bill (not including a current bill) older than 30 days.
- If a client's furnace quits working during the winter, please call the LIEAP office to find out what assistance is available.
- All documentation needed to approve a client for a CRISIS benefit is the responsibility of the client.

CRISIS Eligibility Requirements

- Any LIEAP eligible client needing a CRISIS benefit **must** either sign up for Crisis Assistance on the LIEAP Application at the time the client submits the application (Section 7) or contact the LIEAP office when they determine they need assistance during the program year.
- LP tank setups **must** have a bid from the propane dealer, as proposals are not acceptable.

CRISIS Applicant's Responsibilities

- The applicant **must** have paid at least 10% of their monthly income towards their utility costs in the last 60 days.
- When a CRISIS exceeds the maximum benefit amount, the client **must** enter into a payment agreement plan with their utility company in order to ensure payment on the remaining unpaid balance.
- Back bills can only be paid when the following **required** documentation has been received with the CRISIS BOX CHECKED on page 4:
 1. Report from your fuel supplier detailing your charge and payment history.
 2. Proof of client's payment towards utility bills.