



CITY OF  
**SANFORD**  
FLORIDA

## LIHEAP

### *Low Income Home Energy Assistance Program*

#### Office Use Only:

- ☐ Summer Home Energy   ☐ Winter Home Energy  
☐ Summer Crisis   ☐ Winter Crisis   ☐ Weather Related

#### **FOR OFFICE USE ONLY**

- ☐ Case Approved Date \_\_\_\_\_  
☐ Case Denied – Explanation \_\_\_\_\_  
☐ Case Denied Pending (15 days to finalize)  
    ☐ Case Approved after pending Date \_\_\_\_\_  
    ☐ Case Denied after pending Date \_\_\_\_\_  
☐ Verified EHEAP Contact \_\_\_\_\_ Date \_\_\_\_\_  
☐ Household ID # \_\_\_\_\_

#### **COVID-19**

- |                              |                             |                              |                                |
|------------------------------|-----------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> FPL | <input type="checkbox"/> DK | <input type="checkbox"/> FPU | <input type="checkbox"/> TOTGC |
|------------------------------|-----------------------------|------------------------------|--------------------------------|

- |                                  |                                        |
|----------------------------------|----------------------------------------|
| <input type="checkbox"/> Deposit | <input type="checkbox"/> Disconnection |
|----------------------------------|----------------------------------------|

- |                                 |                                |                                  |
|---------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Mailed | <input type="checkbox"/> Faxed | <input type="checkbox"/> Emailed |
|---------------------------------|--------------------------------|----------------------------------|

**This Application cannot be processed unless it is completely filled out and signed by the applicant.**

- 1. Give the following information for the applicant first, then for each person living in your home. If more than twelve people live in your home, list the additional people on a separate sheet of paper with their information and attach it to this form.**

| NAME<br>(First, Middle, Last) | Age | Date of Birth | Relationship<br>to Applicant | Social Security Number | Type of<br>Income<br>Documents | Disabled |    |
|-------------------------------|-----|---------------|------------------------------|------------------------|--------------------------------|----------|----|
|                               |     |               | Self                         |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |
|                               |     |               |                              |                        |                                | Yes      | No |

**2. Address where you are living:**

\_\_\_\_\_, FL \_\_\_\_\_  
Street Number and Name, Apt or Lot Number City or Town Zip Code Seminole  
County

**3. Your mailing address, if different from above:**

\_\_\_\_\_, FL \_\_\_\_\_  
Street Number and Name, Apt or Lot Number City or Town Zip Code Seminole  
County

**4. Telephone number(s) where you can be reached:**

( ) ( ) ( )  
Home Work Other

**Email:** \_\_\_\_\_

**5. Indicate which of the following programs you are currently eligible for or are receiving assistance from:**

☐ TANF/Cash Asst. ☐ Lifeline and Link-up Florida (Telephone) ☐ Food Stamps ☐ None

**6. Complete the following for your household:**

Number of elderly persons 62 or older # \_\_\_\_\_  
Number of disabled persons receiving SSI or SS # \_\_\_\_\_  
Number of children 5 years of age or younger # \_\_\_\_\_

**Type of income:** Wages, Self-employment, Child Support, Unemployment Compensation, Retirement Benefits, VA Benefits, SSI, SS, TANF (AFDC), Food Stamps, Pensions, Alimony, etc.

**7. If your monthly household income is less than \$600, explain how you pay for food, shelter, clothing, transportation and home utilities.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Have you or any member of your household received LIHEAP OR EHEAP assistance in the last 12 months?**  
Yes \_\_\_\_ No \_\_\_\_ . If yes, complete the following: (LIHEAP Home Energy, Crisis, Disaster or EHEAP Crisis)

\_\_\_\_\_  
Name of Agency Type of Assistance Date

**9. If you are applying for LIHEAP crisis assistance, describe the crisis:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. If you live in government subsidized housing, Section 8 housing, HUD-VASH, a dormitory, assisted living facility or adult foster home, list the name of the place: \_\_\_\_\_

11. Do any of the following situations currently apply to you? (Check the appropriate box below.)

- ☐ My electric has been disconnected  
☐ My electric bill is delinquent  
☐ I have a shut-off notice from the electric / gas company  
☐ Deposit (acct # and deposit amount is required) Acct: # \_\_\_\_\_ Deposit Amount: \_\_\_\_\_  
☐ Deposit verified by \_\_\_\_\_, confirmed by \_\_\_\_\_ Duke / FPL Rep on \_\_\_\_/\_\_\_\_/2020

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Utility/Energy Company Information

If your cost of home energy is included in your rent, give the name and telephone of your landlord.  
Attach a copy of the bill or letter from your energy provider/landlord.

|                                             |                         |                           |
|---------------------------------------------|-------------------------|---------------------------|
| _____<br>Utility/Energy Company or Landlord | _____<br>Account Number | _____<br>Telephone Number |
|---------------------------------------------|-------------------------|---------------------------|

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

\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_;

14. If you or anyone in your home is not a U.S. Citizen or an alien lawfully admitted for permanent residence, list the name(s) and alien status under the Immigration and Naturalization Act below:

Name: \_\_\_\_\_ Alien Status: \_\_\_\_\_

Name: \_\_\_\_\_ Alien Status: \_\_\_\_\_

15. If you or any member(s) of your household is a member of an Indian Tribe, write the name(s) of the tribe below:

\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_;

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

**PLEASE READ CAREFULLY AND INITIAL BEFORE SIGNING THE APPLICATION**

\_\_\_\_\_ **ACKNOWLEDGEMENT STATEMENT:** I am aware 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, medical needy, children reside and/or to those that had not been previously assisted. I authorize the agency to make benefit payments directly to my energy supplier. I am also aware that after I have provided all the information requested, if I am applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application. If I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to an appeals hearing. I understand that if I do not receive an approval or denial letter within 45 days of applying for assistance, it is my responsibility to notify the agency.

\_\_\_\_\_ **FRAUD STATEMENT:** I certify under penalty of perjury that the information on this form is true to the best of my knowledge. I understand and agree that I may be subject to criminal prosecution or be disqualified from the program for knowingly providing incorrect and/or incomplete information and that I can be prosecuted if I provide false information. If any information is incorrect, benefits may be reduced, denied and/or eligible for reimbursement.

\_\_\_\_\_ **I UNDERSTAND AND AGREE:** That LIHEAP will assist my household if I/we qualify and **funds are available.**

\_\_\_\_\_ **I UNDERSTAND AND AGREE:** That LIHEAP **will reserve the right** to change the policy as needed by the clients.

\_\_\_\_\_ **I UNDERSTAND AND AGREE:** That LIHEAP **can not assist my household if the lease or mortgage is not in my name.**

\_\_\_\_\_ **I UNDERSTAND AND AGREE:** That LIHEAP **can not assist my household if the utility bill is not in my name.**

\_\_\_\_\_ **I UNDERSTAND AND AGREE:** That LIHEAP **is not responsible for any fees or additional charges.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
CASEWORKER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR / CASEWORKER SIGNATURE

\_\_\_\_\_  
DATE

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

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 **The City of Sanford (LIHEAP)** (subgrantee) 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**STATE OF FLORIDA LIHEAP PROGRAM**  
**DEO**  
**LIHEAP Performance Measures Data Collection Worksheet**

**(FOR OFFICE USE ONLY)**

**Part 1 – CLIENT INFORMATION**

Complete the following information based on the Applicant's LIHEAP Application

|                                              |  |
|----------------------------------------------|--|
| <b>Applicant Name</b>                        |  |
| <b>Customer of Record (if not Applicant)</b> |  |
| <b>Vendor(Electric)</b>                      |  |
| <b>Account Number</b>                        |  |
| <b>Vendor(Gas)</b>                           |  |
| <b>Account Number</b>                        |  |

**PART 2 – MAIN ENERGY SOURCE**

Check which source is used for each energy need

| <b>ENERGY NEED</b>                  | <b>ELECTRIC</b> | <b>GAS</b> | <b>OTHER –Describe</b> |
|-------------------------------------|-----------------|------------|------------------------|
| <b>HEATING</b>                      |                 |            |                        |
| <b>COOLING</b>                      |                 |            |                        |
| <b>OTHER</b> (cooking, water, etc.) |                 |            |                        |

**PART 3 –IMMINENT RISK**

| <b>YES</b> | <b>NO</b> | <b>QUESTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |           | <p><b>Was the applicant considered to be at imminent risk of losing needed home energy source and disruption was halted as a result of the Applicant receiving a LIHEAP benefit, either Home Energy or Crisis (either alone or in combination with another program)?</b></p> <ul style="list-style-type: none"> <li>• If Yes, count the Applicant as having home energy disruption halted as a result of LIHEAP assistance, however, the Applicant may still be eligible for services.</li> <li>• If No, do NOT count the Applicant as having home energy disruption halted as a result of LIHEAP assistance, however, the Applicant may still be eligible for services.</li> </ul> |

Some additional questions to consider if assistance is needed in determining if the Applicant should be counted in this category.

| <b>YES</b> | <b>NO</b> | <b>QUESTION</b>                                                                                                                                                     |
|------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |           | <b>Does the Applicant have a shut-off notice? This does not include a late bill or late notice.</b>                                                                 |
|            |           | <b>Does the Applicant have less than 7 days of pre-paid electricity usage or fuel?</b>                                                                              |
|            |           | <b>Is the Applicant using an alternative source for heating or cooling, i.e.; they are using a fan because the HVAC unit is operable but not running correctly?</b> |

**(FOR OFFICE USE ONLY)**

**CASE WORKER COMMENTS**

**DATE:**

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**DATE:**

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**DATE:**

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**CLIENT NEEDS TO PAY:** \_\_\_\_\_

**DEPOSIT AMOUNT:** \_\_\_\_\_