



Application for Energy Assistance & CSBG Services

Utility Assistance

The Low-Income Home Energy Assistance Program (LIHEAP) helps families pay utility costs for heating their home.

Weatherization

The Weatherization Assistance Program (WAP) helps families reduce heating and cooling costs and improves the safety of their homes.

CSBG

The Community Services Block Grant (CSBG) helps low-income individuals and families overcome barriers by supporting access to essential services like housing, employment and basic needs.

WHO

can use this application

Anyone can use this application to:

- Apply for assistance for themselves and/or their household members
- Apply for just one type of assistance or for multiple types of assistance

WHAT

you may need to provide to apply

Providing the following information may help us determine your eligibility faster:

- Proof of citizenship for each household member or legal status in the U.S. for non-citizens
- Social Security numbers for each household members
- Proof of income for each household member for the prior month.
- Copies of your most recent utility bills

We may need other proof, but we will ask for this only if we need it.

WHY

we ask for this information

We keep all information private and secure, as required by law. We ask for this information for a few reasons:

- To figure out what types of assistance you qualify for
- To figure out how much assistance you qualify for
- To make sure you get the right amount of assistance based on your situation

Equal opportunity for applicants

In accordance with federal law and Office of Community Services (OCS), Administration for Children and Families, U.S Department of Health and Human Services (HHS) policy, the Idaho Department of Health and Welfare and Community Action Agencies are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, contact HHS at:

Centralized Case Management Operations

U.S. Department of Health and Human Services
200 Independence Ave. S.W. Room 509F, HHH Bldg
Washington, D.C. 20201

Fax: (202) 401-9333

Email: OCRComplaints@hhs.gov

Phone: (202) 205-8347

Appeal/Hearing Rights

You have the right to ask for a hearing if you disagree with the decision made about your assistance benefits. You have thirty (30) days in which to request a fair hearing. This timeframe begins the day after the notice was given or mailed to you. To request a hearing, please use one of the following methods:

- Call your local Community Action Agency listed on the page below
- Email us at mybenefits@dhw.idaho.gov
- Fill out and submit the Fair Hearing Request Form at mybenefitforms.dhw.idaho.gov.

At the hearing, you may represent yourself or use legal counsel, a relative, a friend, or other spokesperson to represent you.

Privacy Act and Information Release

Under Section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552 a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested. You may retain this statement for your records.

Authority: The specific authority for the maintenance of this report is in sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94 385. These sections direct Federal and State agencies, which are sponsoring these programs, to monitor the effectiveness of the programs, and to require the local Non-Profit agency implementing the programs to keep records to enable program monitoring.

Your responses to the request for information are entirely voluntary, however should you decline to provide the information requested, you will not be considered for assistance.

How to Submit this Application

<p><i>If you live in this county:</i></p> <p>↓</p>	<p>Mail, email, or drop-off your complete, signed applications and verifications to:</p>
<p><i>Ada, Owyhee, Elmore</i></p>	<p>El Ada Community Action Agency, Inc 701 E. 44th St. Garden City, Idaho 83714</p> <p>Phone: 208-322-1242 Website: www.eladacap.org Email: LIHEAP@eladacap.org</p>
<p><i>Adams, Boise, Canyon, Gem, Payette, Valley, Washington</i></p>	<p>Western Idaho Community Action Partnership, Inc. 315 S. Main St. Payette, Idaho 83661</p> <p>Phone: 888-900-7361 Website: www.wicap.org Email: LIHEAP@wicap.org</p>
<p><i>Bingham, Bonneville, Canyon, Cassia, Power, Twin Falls</i></p>	<p>Community Council of Idaho 317 Happy Day Blvd. #180 Caldwell, Idaho 83607</p> <p>Phone: 208-454-1652 Website: www.communitycouncilofidaho.org Email: LIHEAP@ccimail.org</p>
<p><i>Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton</i></p>	<p>Eastern Idaho Community Action Partnership, Inc. 935 E. Lincoln Rd. Idaho Falls, Idaho 83401</p> <p>Phone: 208-542-8178 Website: www.eicap.org Email: energy@eicap.org</p>
<p><i>Benewah, Bonner, Boundary, Clearwater, Idaho, Latah, Lewis, Kootenai, Nez Perce, Shoshone</i></p>	<p>Community Action Partnership, Inc. 124 New 6th St. Lewiston, Idaho 83501</p> <p>Phone: 800-326-4843 Website: www.cap4action.org Email: ea@cap4action.org</p>
<p><i>Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power</i></p>	<p>SouthEastern Idaho Community Action Agency, Inc. 641 N. 8th Avenue Pocatello, Idaho 83201</p> <p>Phone: 208-232-1114 Website: www.seicaa.org Email: energy@seicaa.org</p>
<p><i>Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls</i></p>	<p>South Central Community Action Partnership, Inc. 550 Washington St. S Twin Falls, Idaho 83301</p> <p>Phone: 208-736-0676 Website: www.sccap-id.org Email: kayleen@sccap-id.org</p>

Household Information

Which type of assistance are you requesting? (check all that apply)		Utility Assistance Heat		CSBG	
Application Date: _____		<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)		<input type="checkbox"/> Community Services Block Grant	
		Weatherization		<input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Low-Income Weatherization Assistance Program (WAP)			
<input type="checkbox"/> Are you currently without heat or at risk of losing your heating utility?					
<input type="checkbox"/> Does anyone in your household have a medical condition that is affected by the loss of heat?					
Physical address	Street	City	State	Zip	County
Mailing address (if different)	Street	City	State	Zip	County
Email					
Primary phone				Phone type:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
How would you like to receive your benefit notification?	<input type="checkbox"/> Mail		<input type="checkbox"/> Email		
Household Type	<input type="checkbox"/> Single Person <input type="checkbox"/> Adults, No Children <input type="checkbox"/> Multigenerational <input type="checkbox"/> Two Parents w/ Children <input type="checkbox"/> Single Parent <input type="checkbox"/> Non-related Adults w/Children <input type="checkbox"/> Other				
Number of Household Members Count All persons living in your home	_____		How long have you lived in your home?	<input type="checkbox"/> Less than 12 months	<input type="checkbox"/> 12 months or more
Occupancy Status	<input type="checkbox"/> Own <input type="checkbox"/> Rent, Utilities Included <input type="checkbox"/> Rent, Utilities Billed Separately <input type="checkbox"/> Rent Subsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Other permanent housing				
Housing Type	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Manufactured/Mobile Home over 40 ft. <input type="checkbox"/> Travel Trailer/RV/Mobile Home under 40 ft. <input type="checkbox"/> Duplex (2 units) <input type="checkbox"/> Triplex (3 units) <input type="checkbox"/> Quadplex (4 units) <input type="checkbox"/> Apartments (more than 4 units)				

People in your household

Please provide details regarding everyone who lives in your home, listing the Applicant/Head of Household first. If there are more household members that cannot be included on this form, please use the attached additional page.

Applicant Full Name	First	Last	MI
Date of Birth			
Social Security Number			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
US citizen or national	<input type="checkbox"/> No <input type="checkbox"/> Yes		
If not a citizen, has eligible immigration status	<input type="checkbox"/> No <input type="checkbox"/> Yes, complete a and b		
a. Immigration document type	<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card <input type="checkbox"/> Employment Authorization Document Card <input type="checkbox"/> Foreign Passport & I-94/I-94A with work endorsement <input type="checkbox"/> Foreign Passport & I-551 stamp/I-551 printed notation		
b. Document ID number			
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native/Indigenous <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American/African <input type="checkbox"/> Multi-race <input type="checkbox"/> Other		
Military Status	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> Never Served		
Disabling Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Employment	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed, under 6 <input type="checkbox"/> Unemployed, over 6 months <input type="checkbox"/> Retired <input type="checkbox"/> Migrant or Seasonal Farmworker <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> None <input type="checkbox"/> Other		
Income Sources (Check All That Apply)	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> EITC <input type="checkbox"/> AABD <input type="checkbox"/> Unemployment <input type="checkbox"/> Annuity <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> VA Service Disability <input type="checkbox"/> VA Non-Service Disability <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Disability <input type="checkbox"/> Pension <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
Non Cash Benefits (Check All That Apply)	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Child Care Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
Health Insurance	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Children's Health Insurance Program <input type="checkbox"/> State Adult Health Insurance Program <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Employment <input type="checkbox"/> None		
Highest education completed	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade School or Other <input type="checkbox"/> Currently attending school		

Continue telling us about people in your household

Full Name	First	Last	MI
Relationship to you			
Date of Birth			
Social Security Number			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
US citizen or national	<input type="checkbox"/> No <input type="checkbox"/> Yes		
If not a citizen, has eligible immigration status	<input type="checkbox"/> No <input type="checkbox"/> Yes, complete a and b		
a. Immigration document type	<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card <input type="checkbox"/> Employment Authorization Document Card <input type="checkbox"/> Foreign Passport & I-94/I-94A with work endorsement <input type="checkbox"/> Foreign Passport & I-551 stamp/I-551 printed notation		
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Military Status	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> Never Served		
Disabling Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Employment	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed, under 6 months <input type="checkbox"/> Unemployed, over 6 months <input type="checkbox"/> Retired <input type="checkbox"/> Migrant or Seasonal Farmworker <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> None <input type="checkbox"/> Other		
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Highest education completed	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade School or Other <input type="checkbox"/> Currently attending school		

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US citizen or national	<input type="checkbox"/> No <input type="checkbox"/> Yes		
If not a citizen, has eligible immigration status	<input type="checkbox"/> No <input type="checkbox"/> Yes, complete a and b		
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Highest education completed	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade School or Other <input type="checkbox"/> Currently attending school		

Utility Vendor Details

Primary Heat Source (Select One)	<input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane (Bottles) <input type="checkbox"/> Energy Logs		
Primary Heat Vendor		Account Number	
Are your Primary Heating costs included in your rent? (Select one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my landlord provides my primary heat source without billing me for it <input type="checkbox"/> Yes, the primary heating bill is in the landlord's name, but I pay a set amount/the full cost each month		
Do you receive a utility voucher?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, does the voucher cover your full utility cost? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you facing an emergency with your Primary Heat Source? (Select one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my utility has been disconnected <input type="checkbox"/> Yes, I will be disconnected on: _____		
If you have lived at your current address for at least 12 months and your primary heating comes from propane, oil, coal, or wood, answer the following:	12 Month Cost of your Primary Heat Source: \$ _____		
	12 Month total usage of your Primary Heat Source: \$ _____		
Electricity Vendor		Account Number	
Idaho Power Service Agreement Number			
Are you facing an emergency with your electricity account? (Select one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my utility has been disconnected <input type="checkbox"/> Yes, I will be disconnected on: _____		
Secondary Heat Source (Select One)	<input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane (Bottles) <input type="checkbox"/> Energy Logs		
Other Heating Vendor(s)		Account Number	

System Assessment

*Complete this section **only** if you are applying for Weatherization Assistance **or** if your heating system is not working

Type of Heating System(s) (Select all that apply)	Heating System Fuel						Heating System Condition
	Natural Gas	Electricity	Oil	Propane	Wood	Wood Pellets	
Central Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Central Heat Pump		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Central Boiler		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Wall Furnace	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Baseboard Heaters		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Ductless Heat Pump		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Wall Heaters		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Heating Stove	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Space Heaters		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
N/A							<input type="checkbox"/> I do not have a heating system

Type of Heating System(s) (Select all that apply)	Water Heater Fuel						Water Heater Condition
	Natural Gas	Electricity	Oil	Propane	Wood	Wood Pellets	
Standard Unit	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Tankless Unit	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Heat Pump Unit		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
N/A							<input type="checkbox"/> I do not have a water heater

Type of Cooling System(s) (Select all that apply)	Cooling System Condition	
<input type="checkbox"/> Central Air Conditioner <input type="checkbox"/> Window Air Conditioner <input type="checkbox"/> Central Heat Pump <input type="checkbox"/> Ductless Heat Pump <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> N/A	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable <input type="checkbox"/> I do not have a cooling system	

Continue telling us about people in your household

Complete this section **only** if all household members in your home had no income in the previous month.
Briefly explain how your household's basic living needs for the previous month have been met:

Shelter	Food	Utilities

Participant Certification

Please sign below to certify the accuracy of the information you provided.

I understand that completion of this application does not constitute immediate approval for assistance.

I hereby give my permission for the release of any information needed to process this application to a representative of the Idaho Department of Health and Welfare (IDHW) and/or Non-Profit agency, organization, their designee, or to any state and federal agency as required by law, and that this information will be used upon request in determining eligibility for other agency programs or services.

I understand my information will be held in accordance with IDHW Confidentiality Regulations.

I hereby authorize my utility vendor(s) to provide my billing and usage data to the representative of IDHW and/or this agency or their designee.

Under penalty of perjury, I certify that the information contained in this application is true and correct. I declare that I am applying for all people living in my home.

If requesting LIHEAP, I understand that I am applying for federal benefits and that I could be ineligible to receive LIHEAP benefits for up to twelve (12) months and be required to return any benefits I receive if I willfully misrepresent and/or conceal facts used to be determined eligible. I assure that any LIHEAP payments received will be used solely for my household's home energy costs and will not be shared and/or sold to anyone outside of the household listed on this application.

If requesting weatherization services, I understand completion of this application does not guarantee any weatherization work being done on my house and I may be required to repay any expense for weatherization services I receive if I willfully misrepresent and/or conceal facts. I am authorizing the weatherization of my house at no cost to me or my family and, if applicable, authorizing the agency to contact my landlord for permission to weatherize the home.

If requesting CSBG services, I understand that I am applying for federal benefits and that I could be ineligible to receive CSBG benefits for up to twelve (12) months and be required to return any benefits I receive if I willfully misrepresent and/or conceal facts used to be determined eligible.

Signature (must be completed)

Printed name of Applicant

Signature of Applicant

Date

Printed name of Agency Representative

Signature of Agency Representative

Date