

# ENERGY PROGRAMS APPLICATION

- |   |   |
|---|---|
| <input type="checkbox"/> Crisis Intervention Program          | <input type="checkbox"/> Share the Warmth         |
| <input type="checkbox"/> Low Income Energy Assistance Program | <input type="checkbox"/> Helping Each Member Cope |
| <input type="checkbox"/> Energy Neighbor                      | <input type="checkbox"/> Wake Electric Round Up   |

\_\_\_\_\_ County Department of Social Services      County Case No. \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
First
MI
Last
Jr/Sr etc.

Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City
State
Zip Code
Telephone

Household Member	SS #	DOB	Relationship	Race/Sex	US Citizen or Eligible Alien
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Is anyone in your household (**circle all that apply**):      **Elderly (60+)**      **Disabled**      **Disabled - Receiving Services thru DAAS**  
 Have you lived at the address twelve (12) months or longer? Yes or No  
 Are the heating fuel and electric bills in your name? Yes or No  
 Main Heating Source (circle):    Natural Gas    Electricity    Fuel Oil    Propane    Kerosene    Coal    Wood  
 (Company/ Vendor): \_\_\_\_\_      Account Number: \_\_\_\_\_  
 Electric Vendor: \_\_\_\_\_      Account Number: \_\_\_\_\_

- Do any of these apply to you today (check all that apply)?
- Disconnected
  - Past Due or Shut-Off Notice
  - Out of Fuel
  - Nearly Out of Fuel
  - Inoperable Equipment
  - Household has equipment that is still operable, but places them at imminent risk of losing their home energy services
  - No Emergency

Document the applicant's statement regarding the crisis for CIP or list primary heating source for LIEAP.

**Vendor for Crisis or LIEAP Payment** \_\_\_\_\_ **Account No.** \_\_\_\_\_

HH Member	Source of Income	Income Amount	Resources (Assets)

Income eligible?  Yes     No (Complete income worksheet DSS-8178-A for CIP or DSS-8116-I for LIEAP)  
**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**  Yes     No  
**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

**CIVIL RIGHTS**

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program

**RIGHTS AND RESPONSIBILITIES**

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the Crisis Intervention Program/Energy Neighbor. I understand that the information on this form may be checked by the State or federal reviewer and I agree to this review.

I give my authorization for my utility company to release information regarding energy usage and bill payment for the last twelve months to agencies associated under the Low Income Home Energy Assistance Program (CIP-Crisis Intervention Program, and LIEAP-Low Income Energy Assistance Program).

I understand that utility companies who furnish information to LIHEAP-Low Income Home Energy Assistance Program will not be held responsible for disclosed information for data purposes such as referrals, research, evaluations, and/or analysis.

Registering to vote is easy in North Carolina. State law requires voters to register 25 days before an election. DSS can help you with registration paperwork. If you would like to register to vote in North Carolina, ask your caseworker for a voter registration form, and if you need help, to assist you in completing the form. **Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by the agency.** If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the North Carolina State Board of Elections, PO Box 27255, Raleigh NC 27611-7255, or you may call the toll free number, 1-866-522-4723.

*Signature/Applicant	Witness	Date
Signature/Worker	Authorized Representative	Date

If the applicant is unable to sign his name, he must enter an "X" on the signature line in the presence of a witness. The witness must sign his name where indicated above.

Document the services which were provided to meet the needs of the family, including referrals to other agencies.

<p><b>APPROVED</b></p> <p>Vendor _____</p> <p>Quantity/Amount of Payment \$ _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> DSS-8163 on file?</p> <p>DSS-_____ Date Sent _____</p> <p>Reason _____</p> <p>Referral to other resources _____</p> <p><b>DENIED</b></p> <p>Reason _____</p> <p>DSS-_____ Date Sent _____</p> <p>Referral to other resources _____</p>	<p>Has the applicant applied for and received CIP and/or any other Energy assistance previously this year?</p>
--	--

# NOTICE ON THE USE OF SOCIAL SECURITY NUMBERS

(This is not an application)

If members of your family or household want to receive Food Assistance, Medicaid, Special Assistance or Work First Family Assistance benefits, they must provide Social Security Numbers. Only those who provide or apply for a SSN will receive benefits if otherwise eligible. Applications for Food Stamps and Work First Family Assistance benefits will not be delayed or denied if an individual in your family or household does not provide his or her Social Security Number. These family or household members may be required to answer other questions on the application related to the family's financial circumstances. This notice only applies to social security numbers.

- Any individual in your household who wants to receive assistance must furnish all social security numbers he has and uses. If he does not have one, he must apply for one. We can help him do this.
- If an individual refuses to provide his social security number, he is ineligible for assistance for himself.
- If an individual in your family or household does not wish to receive benefits, he DOES NOT have to give his social security number. If he chooses to provide his social security number, it is strictly voluntary.

## HOW WILL MY SOCIAL SECURITY NUMBER BE USED?

Social security numbers are used in matching information with the following agencies:

- Social Security Administration (SSA),
- Internal Revenue Services (IRS),
- Employment Security Commission (ESC),
- Department of Transportation (DOT),
- Out-of-state welfare and ESC agencies, and
- Any other agencies, when applicable.

We will only use social security numbers to verify income and resources.

I have read and understand the statements on this form. By signing this, I agree to allow system matches on the social security numbers I provide.

**Applicant's/Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Verification Worker's/Caseworker's Signature:** \_\_\_\_\_