

CAO NAME AND ADDRESS


pennsylvania

DEPARTMENT OF HUMAN SERVICES

INSTRUCTIONS:

1. Please sign this form on the signature line in the box below.
2. Please fold this letter and put it into the return envelope provided.

CASE IDENTIFICATION

CO	RECORD NUMBER	CSLD	DIST
RECORD NAME			DATE

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

CERTIFICATION

1. My signature on this application gives my permission to the Department of Human Services or its authorized agent to: (a) check any information I give about where I live, my jobs, income, resources, energy supply and energy supplier; (b) share information with my energy supplier and receive information from my energy supplier to allow DHS to obtain a record of my annual energy consumption, cost and billing information for purposes of program evaluation, operation, or reporting; (c) complete any survey in connection with energy assistance.
2. If you fail to provide a Social Security number or fail to complete the Energy Assistance Affidavit below, you are ineligible for benefits.
3. I authorize the release of LIHEAP eligibility information to and from my energy suppliers or weatherization agencies and allow them to seek assistance for which I may be eligible. The assistance may include LIHEAP Cash, Crisis, or Weatherization benefits.
4. I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application.
5. I affirm that Pennsylvania is my legal residence.
6. I understand any Social Security number(s) given will be used in the administration of this program, including cross matches with other programs.
7. I understand that I will be sent a notice of eligibility or ineligibility and, if eligible, the notice will state the amount of my benefit.
8. I further understand that if my household is eligible for a LIHEAP Cash benefit, it must be sent directly to my utility company or a fuel dealer unless I am a renter and my heat is included in my rent or my fuel is supplied by a fuel dealer who does not accept vendor payment.
9. I certify that, subject to penalties provided by law, the information I gave is true, correct, and complete to the best of my knowledge.
10. I know that if I give false information, I can be penalized by fine and/or imprisonment.
11. I understand by signing this application, I may not qualify because LIHEAP money has run out.

Energy Assistance Affidavit

I certify that:

- ☐ I provided Social Security numbers for all household members.
- ☐ To the best of my knowledge, these household members do not have Social Security numbers:

(PRINT NAMES)

- ☐ The following household members are exercising their rights under Section 7 of the Privacy Act of 1974, and refuse to disclose their Social Security number or may be unable to because they are a victim of domestic violence:

(PRINT NAMES)

PLEASE SIGN HERE - USE INK

X

SIGNATURE

DATE