

**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.

**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)

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

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.
12. If your household is eligible for LIHEAP, you may receive a Fast Track consent form in the mail that could allow you and your household members to be automatically enrolled in Medical Assistance.

**PLEASE SIGN HERE - USE INK**

**X**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE