

# OZARK OPPORTUNITIES, INC.

## Low Income Home Energy Assistance Program

**YOU** are responsible for providing the required information that applies to you and your household. These items are required whether you receive these benefits or not. **WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS.**

- Proof of Identity; Acceptable forms of ID include (but are not limited to):
  - Driver's License or State-Issued ID Card
  - Birth Certificates or Similar Documents
  - Work or School Identification Card with Photograph
  - Identification Card for Health Benefits or Other Assistance
  - U.S. Military Card or Draft Card
  - Military Dependent's ID Card
- Copy of Social Security Cards or Proof of Social Security Number for ALL Adult Members of the Household. Proof of the Full Social Security Number Must Be Provided. Acceptable forms of proof include:
  - Copy of Social Security Card
  - Copy of Printout Showing Name and Social Security Number from Social Security Portal Located at <http://www.ssa.gov/myaccount/>
  - Military ID Card Showing Name and Social Security Number
  - Paycheck Stubs Showing Name and Social Security Number
  - School Records
  - Selective Service Card Showing Name and Social Security Number
  - Social Security Administration Printout
  - W-2 Form or 1099 Form Showing Social Security Number (no other tax forms acceptable)
  - If a household member is under the age of 1 year old and a Social Security Card is not yet Available, One of the Following will be Required:
    - Copy of Birth Certificate
    - Copy of Baptismal Record (place and date of birth must be reflected)
    - Copy of Clinic, Doctor or Hospital Records
    - Copy of Day-Care or Nursery School Record
- Proof of Income for All Household Members 18 Years or Older for the Previous Month
  - This includes all check stubs that have a pay date and name of recipient in the previous month or the prior 30 days to application date.
  - If check stubs are not available, an earnings statement must be completed by your employer.
- Proof of Child Support if Both Biological Parents are Not in the Home. This should be provided by the source providing the income unless it puts your safety at risk.
  - Court documents or divorce decrees stating the amount of child support received may be used for verification.
  - This is required even if you do not receive any child support or have an open case.
  - We also need a statement from DHS that states whether or not you receive TEA/Work Pays.

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- Proof of Unemployment for All Household Members 18 Years or Older that are Unemployed. This is required even if you do not receive any unemployment benefits.
  - You will need to go to the unemployment office, and they can print out what you have or have not received in the last month. Please note that you will need 2 forms of ID to obtain a printout.
  - If you have lost your job within the last 60 days, we will need an unemployment printout in addition to a statement from your former employer that states your last date of employment and any income that was received in the previous month.
  - If anyone is a full-time student who is unemployed, they will also need a letter from the school stating that he or she is a full-time student.
- Proof of Social Security, Retirement, Pensions, Workman’s Comp, or Disability
  - You will need a copy of your award letter for the current year. ○ We CANNOT accept a copy of your bank statement.
  - To request your SS or SSI award letter, go to <https://www.ssa.gov/myaccount/proof-of-benefits.html> or call 1-800772-1213.
- Proof of Utility Allowance (If Applicable)
  - If you live in government housing or receive rental assistance, we need a statement declaring the amount of the allowance received.
- If You Have No Income
  - We need proof of how you have been paying your bills. If someone has helped you, we need a contribution statement completed from each person who helped you in the previous month.
  - We also need you to get an unemployment printout for all household members who are 18 years old or older, these can be obtained from the Arkansas Department of Workforce Services.
- Copy of Current Electric Bill
  - This must be the top portion of your bill showing the name the account is under and the service address.
  - If the name the bill is under is not yourself or a member of the household, please include an explanation of who the person is in relation to you.
  - Pay stubs from a bill will not suffice.
- Copy of Current Bill(s) Associated with Heating the Home (if home is not all electric)
  - This must be provided for both primary heating source and secondary heating source (if applicable).
  - This must be the top portion of the bill showing the name the account is under and the service address.
  - If the name the bill is under is not yourself or a member of the household, please include an explanation of who the person is in relation to you.
  - Pay stubs from a bill will not suffice.
  - Receipt from Propane or Wood purchase are acceptable.

**We MUST have Social Security Numbers and Birthdates for ALL Household Members**

**WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS**



# APPLICATION FOR UTILITY BILL ASSISTANCE

*This is not an entitlement program. If funds run out, benefits can not be paid.*

## COMPLETE THE APPLICATION AND ATTACH THE FOLLOWING DOCUMENTS

Incomplete application or omission of necessary documents will delay eligibility determination.

- Proof of applicant identity.** May include one of the following: valid driver's license or other government issued ID; health insurance card or employment ID; or birth certificate.
- Social Security number and card, or other approved document (SSN must be verified for new applicants & all household members aged 18 or older)**
- Proof of ALL income** listed on/with this application or a completed **Zero Income Form** if no income
- Copies of most recent heating and cooling bills.**
- Copy of lease agreement is required:**
  - If you live in subsidized housing; or
  - If your utilities are included in your rent.

**Send Application To:**

**NOTE:** IF YOU RECEIVE A SUBSIDY, STIPEND, ALLOWANCE OR REIMBURSEMENT FOR YOUR UTILITIES, YOU MAY NOT BE ELIGIBLE FOR LIHEAP.

**DO NOT USE WHITE OUT. TO MAKE CHANGES; CROSS OUT AND RE-WRITE ANSWERS.**

## SECTION I: APPLICANT INFORMATION

*Attach a copy of identification (e.g. driver's license). If a new applicant, attach a copy of Social Security card.*

LAST NAME				FIRST NAME				MIDDLE			
PHYSICAL ADDRESS						DO YOU RENT OR OWN YOUR HOME?					
						<input type="checkbox"/> <b>OWN</b>		<input type="checkbox"/> <b>RENT</b> (complete Section IV)			
CITY				STATE		ZIP CODE		COUNTY OF RESIDENCE			
MAILING ADDRESS											
<input type="checkbox"/> CHECK IF SAME AS PHYSICAL ADDRESS											
MAILING CITY				STATE		ZIP CODE		MOBILE NUMBER			
EMAIL ADDRESS						ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				HOME/ALTERNATE PHONE #	
SOCIAL SECURITY NUMBER (SSN)				AGE							
DATE OF BIRTH				M M D D Y Y Y Y		DO YOU RECEIVE DISABILITY BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
RACE* <input type="checkbox"/> American Indian or Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or other Pacific Islander (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Multi-race (6) <input type="checkbox"/> Other (7) <input type="checkbox"/> Unknown (8)											
ETHNICITY* <input type="checkbox"/> Hispanic, Latino, or Spanish Origins (A) <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origins (B) <input type="checkbox"/> Unknown (C)											
GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <i>*Race, Ethnicity, and Gender are used for statistical purposes only.</i>											

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APPLICATION DATE:	
APPLICATION TIME:	
DISPOSITION TIME:	<input type="checkbox"/> 18 HOURS <input type="checkbox"/> 48 HOURS
INTERVIEWER:	
METHOD:	
DATE:	

REGISTER NUMBER(S)						
R	E	G	U	L	A	R
C	R	I	S	I	S	
S	U	P	P	L	M	1
S	U	P	P	L	M	2

## SECTION II: ADDITIONAL HOUSEHOLD MEMBERS

Provide information for **other** members of the applicant's household. All household members aged 18 or older must verify their SSN. List additional members on a separate sheet. **DO NOT INCLUDE THE APPLICANT IN THIS SECTION.**

	FIRST AND LAST NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	AGE	GENDER	RACE/ETHNICITY* SEE PAGE ONE	RECEIVE DISABILITY? YES/NO	EMPLOYED? YES/NO	SOCIAL SECURITY NUMBER (SSN)
1						/	Y/N	Y/N	
2						/	Y/N	Y/N	
3						/	Y/N	Y/N	
4						/	Y/N	Y/N	
5						/	Y/N	Y/N	
6						/	Y/N	Y/N	

## SECTION III: HOUSEHOLD INCOME

**WORK INCOME:** List anyone in your household (18 and older & not a full-time student) who has work income (includes self-employment, babysitting, & other odd jobs). List additional information on a separate sheet, if necessary. **ATTACH PROOF OF INCOME.**

NAME	HOW OFTEN PAID	GROSS AMOUNT LAST MONTH	EMPLOYER NAME

**NON-WORK INCOME:** List anyone in your household who receives any of the following and **ATTACH THIS PROOF OF INCOME:**  
 Alimony | Child Support | Housing Utility Assistance Payment | Retirement Benefits | Social Security Income (SSA) | Supplemental Security Income (SSI) | Supplemental Security Disability Income (SSDI) | TEA | Unemployment Benefits | Veteran's Benefits | Worker's Compensation | Any other non-work income (Use separate sheet, if necessary)

NAME	HOW OFTEN PAID	GROSS AMOUNT LAST MONTH	INCOME PROVIDER

**LAST EMPLOYMENT:** If you or any adult (18 or older) member of your household is unemployed at the time of this application, list the most recent employment below. List additional information on a separate sheet, if necessary.

NAME	WHERE LAST EMPLOYED	WHEN EMPLOYMENT ENDED

Additional information is required if the household has **NO INCOME**. Speak with the agency accepting your application.

## SECTION IV: RENTER UTILITY INFORMATION (OWNERS SKIP TO SECTION V)

**I RECEIVE A REIMBURSEMENT, SUBSIDY, OR ALLOWANCE FOR UTILITIES**  YES  NO

If you are a renter **and your utilities are included in your rent**, provide your landlord's information and a copy of your lease agreement or other documentation reflecting responsibility for paying utilities.

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S PHONE \_\_\_\_\_  
 LANDLORD'S EMAIL \_\_\_\_\_ RENT PAYMENT: \_\_\_\_\_

**WHICH UTILITIES ARE INCLUDED IN YOUR RENT? (CHECK ALL THAT APPLY)**

- ELECTRICITY   
  NATURAL GAS   
  PROPANE   
  WOOD   
  FUEL OIL

## SECTION V: TYPE OF ENERGY ASSISTANCE

Please select the utilities with which you need help:

- I want to split my regular benefit. (Splitting a regular benefit will not result in a larger benefit amount.)
- ELECTRICITY                       PROPANE  
 NATURAL GAS                       WOOD  
 FUEL OIL                               OTHER (specify) \_\_\_\_\_

Unless otherwise advertised, ONLY electric energy assistance is available during the summer, and a benefit cannot be split.

### CRISIS DETERMINATION

Please check (only if applicable):

- Someone in my household has a medical condition requiring connection to a power source.  
 The health of someone in my household could be affected by the disruption of my utility service.

CRISIS SITUATION		ELECTRIC	HEATING
<input type="checkbox"/>	I have a past due balance OR disconnect notice on a utility bill.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	My home utility is disconnected. <b>DATE DISCONNECTED:</b> INSERT DATE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	My heating fuel is at or below 20% of the tank capacity OR has less than three weeks supply remaining and the fuel supplier will not deliver additional fuel without payment.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	I am out of heating fuel.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	I have received an eviction notice which is partly or wholly due to failure to pay my electricity and/or heating charges to my landlord.	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION VI: HOME UTILITY SUPPLIER INFORMATION

### ELECTRICITY SOURCE (REQUIRED OF ALL APPLICANTS)

**ELECTRIC SUPPLIER'S NAME** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_  
 Whose name is the account in, if it is NOT yours? \_\_\_\_\_ Is the account closed?  YES  NO  
 Does this person live with you?  YES  NO      What is this person's relationship to you? \_\_\_\_\_  
 Is your home all electric?  YES  NO (if no, complete heating source information)

### PRIMARY HEATING SOURCE (IF OTHER THAN ELECTRIC)

**HEATING SUPPLIER'S NAME** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_  
 NATURAL GAS                       PROPANE/BUTANE/ LPG     FUEL OIL/ KEROSENE      Is the account closed?  YES  NO  
 WOOD                       OTHER: \_\_\_\_\_  
 Whose name is the account in, if it is NOT yours? \_\_\_\_\_  
 Does this person live with you?  YES     NO                      What is this person's relationship to you? \_\_\_\_\_

### SECONDARY HEATING SOURCE (IF APPLICABLE)

**HEATING SUPPLIER'S NAME** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_  
 NATURAL GAS                       PROPANE/BUTANE/ LPG     FUEL OIL/ KEROSENE      Is the account closed?  YES  NO  
 WOOD                       OTHER: \_\_\_\_\_  
 Whose name is the account in, if it is NOT yours? \_\_\_\_\_  
 Does this person live with you?  YES     NO                      What is this person's relationship to you? \_\_\_\_\_

## SECTION VII: ADDITIONAL SERVICES

### WEATHERIZATION ASSISTANCE PROGRAM (WAP)

For more information, visit:

[www.adeg.state.ar.us/energy/incentives/wap](http://www.adeg.state.ar.us/energy/incentives/wap)

I want to be referred for weatherization services.  YES  NO

I want to be referred for emergency HVAC repair or replacement only.  YES  NO

### ASSURANCE 16 PROGRAM (A-16)

I am interested in attending workshops to learn more about how to reduce my home energy needs and other life skills, such as prioritizing household expenses.  YES  NO

## SECTION VIII: APPLICANT'S RIGHTS AND RESPONSIBILITIES

**IF SUBMITTING A PAPER APPLICATION, IT MUST BE SIGNED AND DATED OR YOUR APPLICATION WILL BE DELAYED.**

- I understand that my application will be shared with the providers of the above selected additional services.
- I understand the information on this application will be kept confidential and only be shared as indicated. No information will be sold, loaned, rented or otherwise disclosed except as indicated on this application.
- I understand that I have the right to appeal any decision regarding this application which I consider improper, any delay in decision or delivery of services, and any disagreement with benefit amount.
- I understand that I must help establish my eligibility by providing as much information as I can about my circumstances.
- I authorize the LIHEAP affiliate to share information relating to my application with my utility service provider(s) to determine my eligibility or benefit amount.
- I give permission to the Arkansas Energy Office (AEO) to use information provided on my application for purposes of reporting, research, evaluation, and analysis of the program.
- I authorize my utility supplier (s) to release my account information to Arkansas Energy Office (AEO) or its designee (s).
- I understand that my utility service provider will have no control over the data disclosed pursuant to this consent and will not be responsible for monitoring or taking any steps to ensure that the LIHEAP office maintains the confidentiality of the data or uses the data as I have authorized.
- I understand that no person may be denied assistance on the basis of race, color, sex, age, handicap, religion, national origin, or political belief.
- I understand that my signature on this application authorizes the agency to verify information about me or

any household member and/or use it as a release to secure information needed to determine my eligibility for services.

- I understand that if I receive assistance to which I am not entitled as a result of withholding information or knowingly providing false or fraudulent information regarding me and/or household members, I must repay the cost of any assistance and may face penalty of criminal prosecution.
- The information given on this application is true to the best of my knowledge and belief. I understand that this form is signed subject to penalties for perjury.

#### FOR AGENCY USE ONLY

A.  Approved  Denied  Withdrawn

This household meets crisis determination requirements set forth in **Arkansas LIHEAP Policy**.

Yes  No

B. Disposition Date: \_\_\_\_\_

C. Payee  
Energy Supplier: \_\_\_\_\_

Applicant: \_\_\_\_\_

D. Date Payment Made: \_\_\_\_\_

E. Payment Amount: \$ \_\_\_\_\_

F. Check Number: \_\_\_\_\_

Applicant's Signature

Date

Authorized Representative's Signature

Date

# OZARK OPPORTUNITIES, INC.

## Intake Form

Program \_\_\_\_\_

Applicant/Parent/Guardian \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

**Do You Need A Translator?**       Y       N      **If Yes, What Language/Style?** \_\_\_\_\_

Phone \_\_\_\_\_ County \_\_\_\_\_ Email \_\_\_\_\_

**Family Type (choose one)**       Single       Single Parent/Female       Single Parent/Male       Multigenerational  
 Single Mother w/Partner       Single Father w/Partner       Other  
 Two Parent Household       Two Adults/No Children       Refused

**Marital Status (choose one)**       Married       Separated       Divorced       Widowed       Never Married       Refused

**Monthly Benefits (any that apply)**      Foodstamps \$ \_\_\_\_\_ Amount      Housing Allowance \$ \_\_\_\_\_ Amount

**Housing (choose one)**       Own       Rent       Living with Friends/Family       Shelter/Transitional Housing  
 Homeless       Homeless (Dwelling Not Fit for Human Habitation)  
 Other Permanent Housing (Long-Term Care)       Other       Refused

Name of Household Members (Include Applicant)	Relationship to You	Race	Gender	Social Security Number	Date of Birth	Education Level	Disabled	Military Status	Name of Health Insurance Provider
	Self						Y    N		
							Y    N		
							Y    N		
							Y    N		
							Y    N		
							Y    N		
							Y    N		
							Y    N		
							Y    N		
							Y    N		

*Note: Medicare & Medicaid are considered health insurance.*

**NOTE: Form continues on back side**

**OZARK OPPORTUNITIES, INC.**  
**Intake Form**

**Monthly Income For Each Family Member**

<b>Name</b>	<b>Source of Income</b>	<b>Gross Amount for Month</b>	<b>Employment Status (Full time, Part Time, Retired, etc)</b>	<b>Pay Period (Weekly, Bi-weekly, Monthly)</b>

*Note: If you need additional lines, please add another piece of paper with the information requested.*

*Note: Income sources include TEA, SSI, SS, Pension, Unemployment Benefits, Employment, Child Support, etc.*

**What do you need assistance with today?**

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I certify that the above information is true and correct. My signature below authorizes Ozark Opportunities, Inc. to release information relating to my application and to obtain information from other agencies in order to determine eligibility for assistance. The content in this form may also be used to determine eligibility for other services administered within OOI. General statistical information is compiled with other households to create a report for funding sources.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
OOI Staff Member Signature Date