OZARK OPPORTUNITIES, INC.
STRENGTHENING FAMILIES FOR EMPOWERED COMMUNITIES

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP provides assistance to help households remain warm during the winter months and cool throughout the summer. Applications for WINTER HEATING (primary and/or secondary heating fuel bills) and SUMMER COOLING (electricity bills) assistance are accepted on a first-come, first-served basis. Please ensure you bring all required documentation. **Incomplete applications will not be accepted.**

☐ Proof of Identity:
- Driver's License or State-Issued ID Card
- Another government issued photo ID

☐ Social Security Number (SSN) Verification:
- Social Security Cards for household members age 18 or older
- SSN for household minors
- Birth Certificates for infants age one or younger who have no SSN

☐ Proof of Income for all household members age 18 years or older and from the month prior to the application:
- Paycheck stubs. The employer's name, name of the recipient, pay date, and gross amount of earnings must be easily readable.
- Social Security, Disability, or other benefit statement(s)
- Retirement, Pensions
- Workman's Comp
- Unemployment printout if unemployed for more than two (2) months.
- Child Support if received
- IRS tax forms if self-employed
- Additional documentation will be necessary for odd job, zero income, etc.

☐ Utility Bill (no older than (2) months):
- The bill must show the name of the utility, name of the account holder, and the service address.
- If the bill is not under your name or a member of the household, please include an explanation of who the person is in relation to you.
- Include a copy of your lease agreement if utilities are included in your rent or if you live in subsidized housing.

  NOTE: Subsidized households with utilities included in their rent, which do not receive a utility bill, may not be eligible for LIHEAP.
- Receipts for bottled propane/wood/pellet purchases are allowed and should be from the current federal fiscal year (October 1-September 30).

Failure to provide all required documentation will result in your application being deemed incomplete. Incomplete applications will be rejected and/or delayed in processing.

APPLICATION FOR UTILITY BILL ASSISTANCE

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

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

COMPLETE THE APPLICATION AND ATTACH THE FOLLOWING DOCUMENTS

Complete all sections. An 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 for the four weeks prior to 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.

USE BLACK OR BLUE INK ONLY. 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? ☐ **OWN** ☐ **RENT** (complete Section IV)	
CITY	STATE / ZIP CODE	COUNTY OF RESIDENCE
MAILING ADDRESS ☐ CHECK IF SAME AS PHYSICAL ADDRESS		
MAILING CITY	STATE / ZIP CODE	MOBILE NUMBER
EMAIL ADDRESS	ARE YOU EMPLOYED? ☐ YES ☐ 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? ☐ YES ☐ NO	

RACE* ☐ American Indian or Alaska Native (1) ☐ Asian (2) ☐ Black or African American (3) ☐ Native Hawaiian or other Pacific Islander (4) ☐ White (5) ☐ Multi-race (6) ☐ Other (7) ☐ Unknown (8)

ETHNICITY* ☐ Hispanic, Latino, or Spanish Origins (A) ☐ Not Hispanic, Latino, or Spanish Origins (B) ☐ Unknown (C)

SEX* ☐ MALE ☐ FEMALE

**Race, Ethnicity, and Sex are used for statistical purposes only.*

FOR LIHEAP AGENCY USE ONLY	
DATE RECEIVED:	
TIME RECEIVED:	
DISPOSITION TIME:	☐a.m. ☐p.m. ☐18 HOURS ☐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	T	1
S	U	P	P	L	M	T	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 LIHEAP 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
☐	I have a past due balance OR disconnect notice on a utility bill.	☐	☐
☐	My home utility is disconnected. **DATE DISCONNECTED:** INSERT DATE	☐	☐
☐	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.	☐	☐
☐	I am out of heating fuel.	☐	☐
☐	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.	☐	☐

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.adeq.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 agency 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 agency 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 LIHEAP AGENCY USE ONLY

Application Worksheet must also be completed and kept with file.

A. ☐ Approved ☐ Denied ☐ Withdrawn

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

☐ Yes ☐ No

B. Disposition Time: _____ ☐a.m. ☐p.m.

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.

Client Supplemental Intake Form

Program: LIHEAP

Applicant Name _____ **County** _____

Phone _____ **Email** _____ Preferred ☐ Phone ☐ Text ☐ Email

Household Demographics

Family Type	☐ Single Person	☐ Single Parent w/ Children	☐ Married w/out children
	☐ Single Person w/ Partner	☐ Single Parent w/ Partner & Children	☐ Multi-Generational
	☐ Unrelated Adults	☐ Biological Parents w/ Children	

Marital Status ☐ Never Married ☐ Married ☐Separated ☐ Divorced ☐ Widowed

Benefits ☐ SNAP $_____ ☐ Housing $_____ ☐ Others _____ (explain)

Household Composition

Household Member (include yourself)	Highest Education Level	Health Insurance Provider *	Veteran Status	U.S. Citizen
			☐ Y ☐ N	☐ Y ☐ N
			☐ Y ☐ N	☐ Y ☐ N
			☐ Y ☐ N	☐ Y ☐ N
			☐ Y ☐ N	☐ Y ☐ N
			☐ Y ☐ N	☐ Y ☐ N
			☐ Y ☐ N	☐ Y ☐ N

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

What is your primary need at this moment?

What other services offered by OOI are you interested in learning more about?

☐ **Head Start** – Free Childcare/Early Education for children ages 6 weeks through 5 years

☐ **SUCCESS** – 1:1 Goal Coaching/Education to build resilience, stability, and the skill to build financial security.

☐ **Information** – Information regarding community resources available to potentially meet vital needs.

I certify that the information provided on this form is true and correct to the best of my knowledge and may be compiled with other households to create reports for funding sources.

I authorize Ozark Opportunities Inc. to use the information in this form to determine eligibility for other services administered by the agency and to release and/or obtain information relating to my application to other agencies as necessary to determine eligibility for assistance.

Applicant Signature _____ Date _____