

## ENERGY ASSISTANCE/WEATHERIZATION APPLICATION INSTRUCTIONS:

1. Answer all questions.
2. If you need help with the application, call the office of Energy Assistance at 1-800-233-8503. Hearing Impaired TTY# 1-800-325-0778.
3. All adults sign and date the application form.
4. Attach verifications.

- **ATTACH** 
  - ⇒ **A COPY OF YOUR CURRENT HEATING BILL OR STATEMENT**
  - ⇒ **PROOF OF THE PAST 3 FULL MONTHS OF GROSS INCOME FOR ALL PEOPLE IN THE HOME**
  - ⇒ **IF SELF-EMPLOYED, A COMPLETE COPY OF THE MOST RECENT TAX RETURN.**
  - ⇒ **PROOF OF CHILD SUPPORT PAID IN THE PAST 3 FULL MONTHS IF NOT PAID THROUGH THE STATE OF SOUTH DAKOTA**

5. Send the completed application to:

Office of Energy Assistance  
910 E. Sioux Ave.  
Pierre, SD 57501



**YOUR APPLICATION WILL BE DENIED IF IT IS NOT SIGNED BY ALL ADULTS IN THE HOME OR IF YOU DO NOT SEND THE REQUIRED INFORMATION**

PLEASE KEEP THIS PAGE FOR YOUR INFORMATION

## ENERGY ASSISTANCE PROGRAM INFORMATION

Applications are always accepted. Priority is given to persons who are elderly or disabled.

### WHAT DOES HEATING ASSISTANCE HELP WITH?

**If you are responsible for paying your heat costs directly to an energy supplier:**

- For **Natural Gas** and **Electric** heat, the amount of energy assistance you are approved for will be applied to unpaid heating charges from the regular meter read dates occurring within the time period October 1<sup>st</sup> through May 15<sup>th</sup>.
- For **Propane** and **Fuel Oil**, the amount of energy assistance you are approved for will be applied to unpaid heating charges resulting from fills occurring within the time period July 1<sup>st</sup> through April 30<sup>th</sup>.

Energy assistance may also be able to help if your heat is included in the cost of your rent or you pay your heat costs directly to your landlord in addition to your cost of rent. **NOTE: Heating Assistance CANNOT be used:** to pay heating bills for non-residential buildings such as a shop or business; to fill extra storage tanks; as a "credit" for fuel to be delivered after April 30<sup>th</sup>; or to reimburse a heating bill or expense that has already been paid.

## THE ENERGY CRISIS INTERVENTION PROGRAM (ECIP)

You may qualify for **Energy Crisis Intervention assistance** if you have not already been approved to receive heating assistance and are in a crisis situation, such as:

- Have a shut-off or disconnection scheduled to occur between October 1<sup>st</sup> and March 31<sup>st</sup>;
- Are required to pay cash-on-delivery and have an empty or near empty fuel tank (less than 20%); or;
- Have an eviction notice for non-payment if heat is included in the rent.

## WEATHERIZATION PROGRAM INFORMATION

### WHAT IS WEATHERIZATION?

The weatherization program is designed to help low income households overcome the high cost of energy by making their homes more energy efficient. Priority is given to households with elderly and disabled individuals and to families with small children. The local community action agency is responsible for the weatherization program and they will perform an energy evaluation for determining your home's weatherization needs.

*Right to a Fair Hearing. Any applicant of the Low Income Energy Assistance Program whose application for assistance is denied or who wishes to contest the amount of assistance granted, may request a Fair Hearing. The request must be made within 60 days of my denial or benefit notice. How to request a Fair Hearing. An applicant for LIEAP benefits may initiate the hearing process by filing a request with the Department of Social Services, Office of Administrative Hearings, 700 Governors Drive, Pierre, SD 57501-2291.*

# APPLICATION FOR ENERGY ASSISTANCE AND/OR WEATHERIZATION

*Check the box below to also apply for the:*

Weatherization Assistance Program

## TELL US YOUR ADDRESS

**Print or type your information. The person completing the application is usually the person whose name is on the heating bill.**

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
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<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
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<i>Residence Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
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<i>Home number</i>	<i>Message number</i>	<i>Work number</i>	<i>Cellular number</i>
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*Your Email Address*

***If you wish to appoint an authorized representative to act on your behalf for the purpose of providing information necessary to determine your eligibility, please list the person's name, address and phone number below.***

<u><i>Name</i></u>	<u><i>Address</i></u>	<u><i>Telephone Number</i></u>
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## TELL US WHO LIVES IN THE HOME

**Complete the information below for all persons living in your home including yourself. Remember to list ALL people even if they are not related to you or are just temporarily living with you. If you need more room, please attach another sheet. \*RACE/ETHNICITY- list all that apply W=White, A=Native American, B=Black, H= Hawaiian, O=Asian, S=Hispanic or Latino**

Name of Household Members	Social Security Number	Date of Birth	Race	Sex	Disabled	U.S. Citizen
<i>First MI Last</i>						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## FOR OFFICE USE ONLY

<b>CID</b>	<b>Worker Name:</b>
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### TELL US ABOUT STUDENTS IN THE HOME

List all persons in the home who attend High School, College or Vo-Tech

Name of Student	High School	College/Vo-Tech
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### TELL US ABOUT CHILD SUPPORT EXPENSE

Does any person in the home pay child support to another household?  Yes  No

If yes, list who pays it. \_\_\_\_\_

Is payment made through the State of South Dakota?  Yes  No



If payment is NOT made through the State of South Dakota, Division of Child Support, please attach proof of the amount paid for the past 3 months.

### TELL US ABOUT HEATING SUPPLIER & RENT INFORMATION

Tell us about the home you live in and how it is heated. If your rent includes the cost of heat, you will need to provide the name and address of your landlord. If you do not know what type of heat your home uses, check with your landlord.



**You must attach a recent heating bill or supplier statement.**

*Type of heat*

Natural Gas    Electric    Propane/Bottled Gas    Fuel Oil/Kerosene    Wood    Coal

Name of Supplier:

Address of Supplier:

Person's Name on the Bill:

Account number:

Do you currently own or are buying your home?  Yes  No

**If you rent your home, you must provide the following information:**

**Pick only one**

I pay my heat bill to my landlord    I pay my heat bill to my supplier    My heat is included in my rent

Do you live in Subsidized, Low Income Housing (Section 8, Senior Housing, Public Housing)  Yes  No

Name of Landlord:

Landlord's Address:

Landlord's Phone Number:

Fax Number:

## TELL US ABOUT INCOME

**REPORT GROSS (amount before deductions) INCOME** \*Wages, \*Self-employment, \*Child Support, \*Alimony, \*Social Security, \*SSI, \*SSI State Supplement, \*BIA GA, \*TANF, \*Foster Care, \*Unemployment, \*Worker's Compensation, \*Veteran's Benefits, \*Retirement, \*Pensions, \*Annuities, \*Dividends, \*Rental Income, \*Per Capita Income, \*Prizes, \*Money from Family or Friends, and \*all other sources of income **FOR ALL PERSONS IN THE HOME**



**ATTACH PROOF:** Examples of proof are

- ⇒ Money NOT from work: Award letters or copies of checks
- ⇒ Money from work: wage stubs, copies of checks, employer statement verifying gross pay and date received.
- ⇒ Money from self-employment: copy of your most recent income tax return. (INCLUDE ALL PAGES AND SCHEDULES OF THE TAX RETURN) Partnership or S corporation should include a K-1 and 1065 forms.

If you send your application in:	Send verification of all income received in:	If you send your application in:	Send verification of all income received in:
<b>APRIL</b>	January 1 - March 31	<b>OCTOBER</b>	July 1 - September 30
<b>MAY</b>	February 1 - April 30	<b>NOVEMBER</b>	August 1 - October 31
<b>JUNE</b>	March 1 - May 31	<b>DECEMBER</b>	September 1 - November 30
<b>JULY</b>	April 1 - June 30	<b>JANUARY</b>	October 1 - December 31
<b>AUGUST</b>	May 1 - July 31	<b>FEBRUARY</b>	November 1 - January 31
<b>SEPTEMBER</b>	June 1 - August 31	<b>MARCH</b>	December 1 - February 28

### Income month 1:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Income month 2:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Income month 3:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____



**All adults in the home must sign and date this application at the bottom of this page. Your application will be denied if you do not include proof of income and heat expense.**

- √ I understand that it is my responsibility to provide proof of income and other requested information needed to determine eligibility for the program and that failure to provide this information will result in my application being denied.
- √ I understand that if I receive assistance which I am not entitled to as a result of providing false information; I must repay the cost of that assistance.
- √ I understand that a person is only allowed to receive LIEAP benefits in one home during the year from one agency. I may not receive State LIEAP and Tribal LIEAP in the same year.
- √ I understand that I am responsible for payment of any bills to my energy supplier that are not covered by the Low Income Energy Assistance Program.
- √ I understand that I have the right to appeal any decision made by the Office of Energy Assistance and that the request must be made within 60 days of my denial or benefit notice.
- √ I understand that if I move, I must report the change of address to the Office of Energy Assistance within 10 days of the move and that failure to do so will result in the closure of my case.
- √ I understand that if I am eligible for heating assistance my home may be subject to an energy audit for possible weatherization measures.

By my signature, I certify, under penalty of perjury, the truth of the information contained in this application, including the information concerning citizenship and alien status I provided for all people in my home.

I give my consent for any person, agency, or institution to supply information to the Department of Social Services about myself or my family and to allow inspection and copying of records about myself or my family by any representative of the Department. I also authorize the Office of Energy Assistance to openly discuss and share all information regarding my case with my Authorized Representative should I elect to appoint one.

**ANYONE IN THE HOME WHO IS 18 YEARS OR OLDER MUST SIGN THE APPLICATION BELOW**

Applicant Signature	Date
Spouse or Other Adult Member Signature	Date
Other Adult Member Signature	Date
Other Adult Member Signature	Date
Other Adult Member Signature	Date