

ENERGY PROGRAMS APPLICATION

- Crisis Intervention Program
- Low Income Energy Assistance Program
- Energy Neighbor

- Share the Warmth
- Helping Each Member Cope
- Wake Electric Round Up

_____ County Department of Social Services

County Case No. _____

Applicant's
Name _____

First

MI

Last

Jr/Sr etc.

Residence
Address _____

Mailing
Address _____

City

State

Zip Code

Telephone

Household Member	SS #	DOB	Relationship	Race/Sex	US Citizen or Eligible Alien
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Is anyone in your household (circle all that apply): **Elderly (60+)**

Disabled

Disabled - Receiving Services thru DAAS

Have you lived at the address twelve (12) months or longer? Yes or No

Are the heating fuel and electric bills in your name? Yes or No

Main Heating Source (circle): Natural Gas Electricity Fuel Oil

Propane Kerosene

Coal Wood

(Company/ Vendor): _____

Account Number: _____

Electric Vendor: _____

Account Number: _____

Do any of these apply to you today (check all that apply)?

Disconnected

Past Due or Shut-Off Notice

Out of Fuel

Nearly Out of Fuel

Inoperable Equipment

Household has equipment that is still operable, but places them at imminent risk of losing their home energy services

No Emergency

Document the applicant's statement regarding the crisis for CIP or list primary heating source for LIEAP.

Vendor for Crisis or LIEAP Payment _____ **Account No.** _____

HH Member	Source of Income	Income Amount	Resources (Assets)

Income eligible? Yes No (Complete income worksheet DSS-8178-A for CIP or DSS-8116-I for LIEA)

What is the household status renter or homeowner? (Please check one box)

If you are not registered to vote where you live now, would you like to apply to register to vote here today? Yes No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

CIVIL RIGHTS

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program

RIGHTS AND RESPONSIBILITIES

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the Crisis Intervention Program/Energy Neighbor. I understand that the information on this form may be checked by the State or federal reviewer and I agree to this review.

I give my authorization for my utility company to release information regarding energy usage and bill payment for the last twelve months to agencies associated under the Low Income Home Energy Assistance Program (CIP-Crisis Intervention Program, and LIEAP-Low Income Energy Assistance Program).

I understand that utility companies who furnish information to LIHEAP-Low Income Home Energy Assistance Program will not be held responsible for disclosed information for data purposes such as referrals, research, evaluations, and/or analysis.

Registering to vote is easy in North Carolina. State law requires voters to register 25 days before an election. DSS can help you with registration paperwork. If you would like to register to vote in North Carolina, ask your caseworker for a voter registration form, and if you need help, to assist you in completing the form. **Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by the agency.** If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the North Carolina State Board of Elections, PO Box 27255, Raleigh NC 27611-7255, or you may call the toll free number, 1-866-522-4723.

*Signature/Applicant	Witness	Date
Signature/Worker	Authorized Representative	Date

If the applicant is unable to sign his name, he must enter an "X" on the signature line in the presence of a witness. The witness must sign his name where indicated above.

Document the services which were provided to meet the needs of the family, including referrals to other agencies.

<p>APPROVED</p> <p>Vendor _____</p> <p>Quantity/Amount of Payment \$ _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> DSS-8163 on file?</p> <p>DSS- _____ Date Sent _____</p> <p>Reason _____</p> <p>Referral to other resources _____</p> <p>DENIED</p> <p>Reason _____</p> <p>DSS- _____ Date Sent _____</p> <p>Referral to other resources _____</p>	<p>Has the applicant applied for and received CIP and/or any other Energy assistance previously this year?</p>
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