CONSOLIDATED ENERGY ASSISTANCE PROGRAM APPLICATION

_____County Department of Social Services

AGENCY USE ONLY
Date Stamp

- ❑ **Crisis Intervention Program**
- ❑ **Low Income Energy Assistance Program**
- ❑ **Share the Light**
- ❑ **Share the Warmth**
- ❑ **Wake Electric Round Up**

Fill out the application below and send it to the local department of social services in the county where you live. Applications can be mailed, faxed or dropped off in person.
The agency will review your application and either:

- Send you a form requesting information needed to complete your application or
- Send you a letter by mail that tells if you qualify for the program, and if so the amount you will receive.
- Eligibility is based on availability of funds, eligibility criteria, and meeting the income test. Additional information about this program can be viewed at https://www.ncdhhs.gov/divisions/social-services/energy-assistance.

Contact Information

Fill in your name and current home address. If possible, please list a phone or message number so we can contact you if we have questions. This will help avoid delays as we review your application.

Applicant's Name _____
First MI Last Jr/Sr etc.

Residence Address _____
City State Zip Code Telephone

Mailing Address _____
(If different from Residence) City State Zip Code Telephone

Household Members

List every person living in your household, starting with yourself. Fill in each box for every household member. If there are additional people living in your home than the space provided list them on a separate sheet of paper. Must include all nine numbers of the social security number (if available) and the month, day, and year of the birth date(s) of all household members.

Household Member	Social Security Number	Date of Birth	Relationship to You	Sex M/F	*Race (Optional)	Ethnicity Hispanic or Latino (Optional) YES/NO	US Citizen or Eligible Alien YES/NO	Disabled? YES/NO
			SELF					

***Race: Choose one or more numbers that apply and enter above for Race:** **1** – American Indian/Alaskan Native, **2** – Asian, **3** – Black/African America, **4** –Hawaiian/Pacific Islander, **5** – White/Caucasian and **6** - Unreported

Is anyone in your household (**check all that apply**):

☐ **Elderly (60+)** ☐ **Receiving Disability and Receiving Services thru the Division of Aging and Adult Services**

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

Utility/Household Information

Fill in this section regarding your most recent fuel statement and utility bill for both your primary (main) heat source and your electricity information if it is different than your heating source.

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

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

What is your primary/main form of energy that heats your home?

☐ Natural Gas ☐ Tank Propane ☐ Electricity ☐ Wood ☐ Fuel Oil ☐ Kerosene ☐ Coal

Primary Heating Company: _____ Account Number: _____

Provide your electric company information if not listed above?

Electric Company: _____ Account Number: _____

Income

- Fill in the section below to show all gross earned and unearned income anyone in your household receives from any source even if someone has more than one source. (Gross income is income received **before** taxes or other deductions). **This includes all income that has ended in the last 30 days.**
- Send copies of papers that show all gross income received by anyone **last month** such as paystubs, letter from the source of the income, etc.
  Earned Income includes: wages from all jobs, self-employment, tips, payments for services. Other types are Armed Forces Pay (Taxable), Bonus Pay Advances, College Work Study, Longevity Pay, Net-Self Employment, On-the-Job Training Benefits, Rental Income, Severance, Tobacco Grower Settlement, Veteran Affairs (VA) Caregiver Stipend Program, Wages, Salaries Tips.
- **Unearned Income includes:** Social Security, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Adoption Payments, Foster Care Payments, Alimony and Spousal Support, Child Support, Unemployment Compensation, Veterans Benefits, Pensions, Railroad Retirement, Military Allotments, Annuity, Black Lung/Brown Lung Retirement Benefits, Unemployment Insurance, Alien Sponsor Income, Cash and Monetary Gifts, Disability Payments, Dividends, Educational Assistance, Gaming/Per Capita to Members of the Eastern Band of the Cherokee Tribe, Inheritance, Insurance Settlements, Interest, NAFTA and TRA payments, Pensions.

Household Member	Sources of Income	How Often Received?	Gross Pay/Income Last Month	Still Employed?
			$	
			$	
			$	
			$	

Did anyone in the household get income from self-employment last month? ☐ Yes ☐ No

If yes, send a copy of the most recent Federal Income Tax Form 1040 for each self-employed person along with your application.

Checking/Savings and Other Countable Resources

List types of resources and the amount or value.

Owner	Type	How Much?
	Checking: Single and/or Joint Accounts	$
	Savings: Single and/or Joint Accounts	$
	Cash on Hand	$
	Remaining Balance of Lump Sum Payments	$

ENERGY PROGRAM WORKSHEET

Applicant _____

I. COMPUTATION OF INELIGIBLE ALIEN'S INCOME

	Ineligible Alien 1		Ineligible Alien 2	
	Earned	**Unearned**	**Earned**	**Unearned**
A. Alien's Total Countable Gross Income				
B. Total Number in Household (including alien)				
C. Prorate Share (A ÷ B)				
D. Number of Eligible Household Members				
E. Amount to Count (C x D)				

If it is earned income, enter the total amount to count (E.) in II.A.3.
If it is unearned income, enter the total amount to count (E.) in III.F.

II. COMPUTATION OF NET EARNED INCOME

A. Gross Wages	**Amount**	**Verification–Source–Date-Computation**
1. Household Member 1		
2. Household Member 2		
3. Ineligible Alien(s)		
4. Business & Self Employment		
5. Other		
Total Gross Wages (1 through 5)		

B. Work-Related Expenses		
1. Household Member 1		
2. Household Member 2		
3. Ineligible Alien(s)		
4. Legal Support Obligation		
5. Child Care		
Total Expenses (1 through 5)		

C. Total Countable Earned Income (II.A. Minus 11.B.) _____

III. COMPUTATION OF NET UNEARNED INCOME

A. Work First Benefits		
B. SSI Benefits		
C. Social Security		
D. Veterans Benefits		
E. Unemployment Benefits		
F. Ineligible Alien(s)		
G. Child Support		
H. Other		
Gross Unearned Income (A through H)		

IV. MEDICAL DEDUCTION

$85 Per Specified Person	
Total Medical Deduction	

V. COMPUTATION OF TOTAL COUNTABLE INCOME

A. Total Earned and Unearned Income (II.C. plus III.)	
B. Total Medical Deduction (IV.)	
TOTAL COUNTABLE INCOME (A. Minus B.)	

Number Eligible in Household: _____ Eligible Based on Income: _____ Yes _____ No

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 Bipartisan State Board of Elections and Ethics Enforcement. If you require assistance with voter registration, you can call the North Carolina Bipartisan State Board of Elections and Ethics Enforcement at 1-866-522-4723.

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 RESPONSIBILITES

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 LIEAP.

I understand that utility companies who furnish information to LIEAP will not be held responsible for disclosed information for data purposes such as referrals, research, evaluations, and/or analysis.

_____	_____	_____
*Signature Applicant	Witness	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.**

_____	_____	_____
Authorized Representative	Worker Signature	Date

☐ **Application is filled out, signed and dated**

Agency Use Only	
Document actions completed and the services which were provided to meet the needs of the family, including referrals to other agencies.	
Approved	**Denied**
Vendor: _____ Payment Amount: $ _____	DSS-8185 Date Sent_____ DSS-8107 Date Sent_____ Reason: _____
Energy Provider Agreement DSS-8163 on file? ☐ Yes ☐ No	Referral to other resources: ☐ CIP ☐ Weatherization ☐ Other
DSS-8185 Date Sent_____ DSS-8107 Date Sent_____ Reason: _____	_____