APPLICATION FOR HEATING ASSISTANCE
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
INSTRUCTION SHEET

INFORMATION AND INSTRUCTIONS

This sheet explains the Heating Assistance Program (LIHEAP) in North Dakota and how to apply. **Keep this page.** Complete the accompanying application and send it with all verifications to the Social Service Office in your county.

WHAT IS HEATING ASSISTANCE?

It helps pay part of the heating bills from October through May for the home you live in if . . .

- You are a home owner or renter and you pay your own heat bills. Benefits can buy any fuel used to heat your home . . . fuel oil, propane, coal, wood, kerosene, electricity, natural gas. Payments are usually made directly to your dealer or utility.
- Your rent payment includes heat and you are not receiving housing assistance then the LIHEAP payments come to you, the renter.

NOTE: Heating Assistance can't be used to pay heating bills for your farm or business or any home you are not living in, to fill extra storage tanks, or as a "credit" for fuel to be delivered after May 31.

HOW DO I APPLY?

Applications are accepted at the county social service office from October 1 through May 31 or until program funds are used up, whichever comes first. If May 31 falls on a weekend, the deadline will be the end of the first work day following May 31. If you have questions about this application or need help completing it, call your county social service office, community action agency, or senior service outreach worker.

Your completed application must be reviewed by your county social service office. The worker may ask you to schedule an interview. If getting to the office for an interview causes a hardship, tell the worker so other arrangements can be made. **If you need a translator please let your eligibility worker know.**

VERIFICATIONS

Written proof or verification of the household's income, your heating bill, and expenses that can be deducted from your income is needed to be sure your eligibility and benefits are calculated correctly. If your application is missing information or verification, you need to send all information within 30 days of the date your application arrived in the county office. **If you need assistance with getting verifications, please call your assigned worker at the local county social service office.** Without all the verifications, your application must be denied.

TELL US ABOUT CHANGES!

Report these changes within 10 days of the date they occur!

*If you move
*If the type of fuel you use changes
*If there is loss or addition of persons living with you
*If heat is included in your rent and the amount you pay for rent changes

Send changes to: **ATTN: Heating Assistance**, County Social Service Office or call your local county social service office and report.

YOUR RIGHT TO APPEAL

You have the right to appeal and request a fair hearing if you disagree with any decision made on your Heating Assistance or Emergency Assistance application, or if you do not receive a written notice of the action taken on your Heating Assistance application within 45 days from the date your application is received. Your written request for a hearing must be received within 30 days of the date of the notice of action. Contact the county social service office for instructions on how to request an appeal or fair hearing.

NON-DISCRIMINATION POLICY

In accordance with Federal law, and U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) policy, DHS is prohibited from discriminating on the basis of race, color, sex, age, disability, national origin, and in some cases religion and political beliefs.

A written complaint may be filed with the county social service office; the North Dakota Department of Human Services Office for Civil Rights, Legal Advisory Unit, 600 East Boulevard Avenue, Department 325, Bismarck, ND 58505-0250; or HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Ave SW, Washington D.C. 20201 or by calling (202) 619-0403 (voice) or (800) 537-7697 (TTY).

A Civil Rights Complaint form (SFN 143) is also available in a pdf format at:
http://www.nd.gov/dhs/misc/nondiscrimination.html

SECTION 1:

Fill in information about the person living in your home who is the "head of household". Usually this should be the same person whose name is on the heating bill.

SECTION 2:

Fill in information about ALL the other people who live in your home, including people who are not related to you, or are temporary household members.

SECTION 3:

Report the current income of ALL the people living in your household. If you want to have heating bills paid for heating months before the date of your application, information about your income for those months must also be included.

Proof is required for all income. You will need:
Wage earners: Provide wage stubs showing gross earnings for the prior month and the current month . . . W-2 forms are not acceptable
Self-employed persons: current, complete income tax return
Social security, SSI, veteran's benefits, worker's compensation, interest, dividends, pensions, rental income, etc.: a recent award letter, or copy of the monthly check, or record of automatic bank deposit
Unemployment compensation: statement of eligibility from Job Services
Child support/alimony: copy of divorce decree
Regular contributions from friends/relatives: signed statement from the individual

SECTION 4:

Certain expenses paid since June 1 may be deducted from gross income. Allowable expenses include medical insurance premiums, dental/vision bills, medical bills such as pharmacy costs, child care, nursing home insurance, and child or spousal support. **You need to include proof of payment such as receipts or cancelled checks.** We cannot deduct any medical bills that will be paid or reimbursed by insurance or the Veteran's Administration.

SECTIONS 5, 6, and 7:

Tell us about the home you live in and how it is heated. If your rent includes the cost of heat and you do not get any rent assistance, bring a copy of your lease or your rent receipts. If you do not know what type of fuel your home uses, check with your landlord.

Reimbursement: If you have paid your bill in full, you may request to be reimbursed.

SECTION 8:

Note: Signing the application permits the Community Action Agency in your area to contact you about weatherization services.

DEFINITIONS:
Self Reliance: A program to assist you in learning how to handle your monthly bills, and help you become more self-sufficient.

Energy Share: A program that assists low income households with non-heat utility bills in emergencies.

APPLICATION: HEATING ASSISTANCE PROGRAM

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LIHEAP
SFN 529 (7-2018)

Clear Fields

FOR OFFICE USE ONLY:

Date Received	Case Number

1. HEAD OF HOUSEHOLD (only for head of household)

Name			
Social Security Number*		Telephone Number	
Street Address			
Mailing Address		County	
City		State	ZIP Code
Have you lived at this address since September 1? ☐ **YES** ☐ **NO** If NO, date you moved in:			
Age	Date of Birth	Sex: ☐ Male ☐ Female	Are you a citizen of the United States? ☐ **YES** ☐ **NO**
RACE: ☐ Caucasian ☐ Black ☐ American Indian ☐ Other ☐ Hawaiian/Pacific Islander ☐ Asian			Ethnicity: ☐ Hispanic ☐ Non-Hispanic
Are you or any household member enrolled in a federally-recognized Indian tribe? ☐ YES ☐ NO			
If yes, list name of tribe/State, enrolled member(s), and their tribal enrollment number(s)			

2. HOUSEHOLD MEMBERS (List **ALL OTHER PERSONS** living in your home, including those not related to you.)

SOCIAL SECURITY NO.*	NAME	DATE OF BIRTH	AGE	Check if a STUDENT
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			

Indicate the following programs you currently receive or have recently applied to receive by using "X"

☐ Medical Assistance ☐ Food Stamps ☐ Housing Assistance ☐ TANF
☐ General Assistance ☐ Child Care Assistance

Do any members of your households have a disability? ☐ **YES** ☐ **NO**

If yes, how many members? ☐

* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of your social security number (SSN) is voluntary and it is requested for identification purposes. Failure to disclose SSNs will not affect participation in the program but could possibly delay processing your request.

3. INCOME (List below the **GROSS** income of **ALL PERSONS** living in your home. Please attach income for past month and current month. Anticipate next month. **Eligibility cannot be determined without this information**.)

	SOURCE OF INCOME	LAST MONTH		THIS MONTH		NEXT MONTH	
		AMOUNT	HOW OFTEN	AMOUNT	HOW OFTEN	AMOUNT	HOW OFTEN
Household Member:				Employer:			
	Wages/tips	$		$		$	
Household Member:				Employer:			
	Wages/tips	$		$		$	

******CHECK YES OR NO ON ALL QUESTIONS.******

YES	NO	SOURCE OF INCOME	LAST MONTH		THIS MONTH		NEXT MONTH	
			AMOUNT	HOW OFTEN	AMOUNT	HOW OFTEN	AMOUNT	HOW OFTEN
☐	☐	Social Security	$		$		$	
☐	☐	Social Security	$		$		$	
☐	☐	SSI	$		$		$	
☐	☐	Pensions (Including Veterans Benefits	$		$		$	
☐	☐	Annuities	$		$		$	
☐	☐	Rental Income	$		$		$	
☐	☐	Interest Income	$		$		$	
☐	☐	Spousal/Child Support	$		$		$	
☐	☐	Workers Compensation	$		$		$	
☐	☐	TANF	$		$		$	
☐	☐	Unemployment Benefit	$		$		$	

Other Income received or anticipated from last June 1st to next May 31st. Please provide verification.

YES	NO	SOURCE OF INCOME	AMOUNT	DATE RECEIVED	DATE ANTICIPATED	VERIFICATION ATTACHED
☐	☐	Self Employment (tax form)	$			
☐	☐	Mineral Lease/ Royalties	$			
☐	☐	Lump Sum Pmts	$			
☐	☐	Individual Indian Monies	$			
☐	☐	Trusts	$			
☐	☐	Contract Payment	$			
☐	☐	Yearly Payments	$			
☐	☐	Inheritance	$			
☐	☐	Other Income	$			

4. EXPENSES (For expenses to be allowed, ALL items in this section MUST be VERIFIED.)

			Amount
MEDICAL	Have you paid medical expenses, including prescriptions, since June 1st?	☐ YES ☐ NO	$
MEDICAL	Have you paid any medical insurance premiums since June 1st?	☐ YES ☐ NO	$
	Do you receive reimbursement for any of these expenses from insurance or from the Veteran's Administration?	☐ YES ☐ NO	$
SPOUSAL SUPPORT (Since June 1st)	Do you pay any spousal support?	☐ YES ☐ NO	$
CHILD SUPPORT (Since June 1st)	Do you pay child support?	☐ YES ☐ NO	$
CHILD CARE (Since June 1st)	Do you pay for any child care that is not reimbursed by anyone?	☐ YES ☐ NO	$

5. HOUSING

Type of Home: ☐ House ☐ Mobile Home ☐ Apartment Building (3 or more units) ☐ Duplex

Is your living unit a"split level" or "split foyer"? ☐ **YES** ☐ **NO**	Number of **BEDROOMS** on: _____Main Floor _____Upstairs _____Basement
Do you ☐ **OWN or** ☐ **RENT your home?**	If you rent, does the rent include the cost of heating? ☐ **YES** ☐ **NO**
Do you receive any low income housing assistance? ☐ **YES** ☐ **NO**	Amount of rent you pay: $
Landlord's Name:	Landlord's Telephone Number:

6. HEATING (Attach a copy of your most recent heating bill.)

What is your primary type of heat? ☐ Natural Gas ☐ Electricity ☐ Propane ☐ Fuel Oil ☐ Coal ☐ Other

Besides providing heat for your house, does this source provide fuel and/or power for any other buildings, machinery, vehicles or any other uses? ☐ **YES** ☐ **NO**

If YES, please explain:	If you use a secondary type of heat for your residence, what is it?	
Have you recently received a shut-off notice? ☐ **YES** ☐ **NO**	If, YES, Date:	
Do you need fuel immediately? ☐ **YES** ☐ **NO**	Name of heating supplier:	City:
Name on heating account:	Account number on heating bill:	

7. REIMBURSEMENTS

If you have incurred any heating expenses (fuel deliveries or meter reads) since October 1, and if you were eligible for LIHEAP benefits during the month the expense incurred, and you were eligible for more than the minimum benefit, you may be reimbursed for the LIHEAP share of the cost. You must provide proof (cancelled check, billing statement) of the paid bills, along with your gross income, for the months you are requesting reimbursement.

Would you like to be reimbursed for any heating expenses you have incurred and paid since October 1?
☐ **YES** ☐ **NO**

8. WEATHERIZATION AND OTHER SERVICES

If you are determined eligible, your signature on this application will permit the Community Action Agency in your area to contact you with information about weatherization services that can save you money on energy costs, with no cost to you and no obligations. The Self Reliance Program can help you with budget counseling, and Energy Share can help with non-heat utility bills in emergency situations. Contact County Social Services for more information.	
Would you like to have your furnace cleaned? ☐ **YES** ☐ **NO**	If yes, specify furnace vendor (eligibility worker will **NOT** choose for you)
Would you like to have your chimney cleaned? ☐ **YES** ☐ **NO**	If yes, specify chimney vendor (eligibility worker will **NOT** choose for you)

I/We certify that the information given above is true, correct and complete to the best of my/our knowledge. I/We understand that knowingly giving false information may result in a fine, imprisonment or both, and that I/we must pay back any benefits received as a result of giving wrong information. I/We agree to notify the county social service board whenever there are changes in the above information, and to refund upon request the value of unused fuel purchased by LIHEAP.

I/We authorize:

- this agency to verify information affecting my/our energy assistance eligibility and benefits;
- any person having custody or knowledge of the information relating to me or other household members to disclose any requested information, including confidential information other than protected health information, to any authorized agent to the North Dakota Department of Human Services;
- Child Support to release any records of any child support payment that I/we have made or received;
- my/our energy supplier to provide to this agency information about my/our account.

I acknowledge that I have read the information regarding non-discrimination that is included in the application instructions.

Signature:	Date:
Signature:	Date:
Worker Signature: (If no signature on SFN 530)	Date:

THIS APPLICATION WILL BE PROVIDED IN AN ALTERNATE FORMAT UPON REQUEST.