

# LOW INCOME ENERGY ASSISTANCE PROGRAM APPLICATION

GATES \_\_\_\_\_ County Department of Social Services

<b>AGENCY USE ONLY</b>
Date Stamp

**How to apply for Low Income Energy Assistance Program (LIEAP)**

Fill out the application below and send it to the local department of social services in the county 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, having resources at or below \$2,250 and meeting the income test. Additional information about this program can be viewed at <https://www.ncdhhs.gov/assistance/low-income-services/low-income-energy-assistance>

**Contact your local department of social services or the NC EBT Call Center at 1-866-719-0141 if you have questions or need 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. **USE BLUE OR BLACK INK.**

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

**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 Accounts**

List types of resources and the amount or value.

Owner	Type	How Much?	Owner	Type	How Much?
	Checking: Single and/or Joint Accounts	\$		Saving: Single and/or Joint Accounts	\$
	CDs, Annuities, and/or Money Markets	\$		Stocks/Bonds and Mutual Fund Shares and Savings Certificates	\$
	Cash on Hand	\$		Revocable Trust Funds	\$
	Remaining Balance of Lump Sum Payments	\$		Equity in Real Property not used as a home or income producing	\$
	Net proceeds from a business, including a farm, which has been discounted	\$		Funds in a retirement account that are accessible: 401K, NC State Retirement, IRA, and Keogh Plans	\$

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 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 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.	
<b>Approved</b>	<b>Denied</b>
Vendor: _____ Payment Amount: \$ _____	DSS-8185 Date Sent _____ DSS-8107 Date Sent _____ Reason: _____
Energy Provider Agreement DSS-8163 on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral to other resources: <input type="checkbox"/> CIP <input type="checkbox"/> Weatherization <input type="checkbox"/> Other _____
DSS-8185 Date Sent _____ DSS-8107 Date Sent _____ Reason: _____	

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# NOTICE ON THE USE OF SOCIAL SECURITY NUMBERS

(This is not an application)

If members of your family or household want to receive Food Assistance, Medicaid, Special Assistance or Work First Family Assistance benefits, they must provide Social Security Numbers. Only those who provide or apply for a SSN will receive benefits if otherwise eligible. Applications for Food Stamps and Work First Family Assistance benefits will not be delayed or denied if an individual in your family or household does not provide his or her Social Security Number. These family or household members may be required to answer other questions on the application related to the family's financial circumstances. This notice only applies to social security numbers.

- Any individual in your household who wants to receive assistance must furnish all social security numbers he has and uses. If he does not have one, he must apply for one. We can help him do this.
- If an individual refuses to provide his social security number, he is ineligible for assistance for himself.
- If an individual in your family or household does not wish to receive benefits, he DOES NOT have to give his social security number. If he chooses to provide his social security number, it is strictly voluntary.

## HOW WILL MY SOCIAL SECURITY NUMBER BE USED?

Social security numbers are used in matching information with the following agencies:

- Social Security Administration (SSA).
- Internal Revenue Services (IRS).
- Division of Employment Security (DES).
- Department of Transportation (DOT).
- Out-of-state welfare and DES agencies, and
- Any other agencies, when applicable.

We will only use social security numbers to verify income and resources.

I have read and understand the statements on this form. By signing this, I agree to allow system matches on the social security numbers I provide.

**Applicant's/Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Verification Worker's/Caseworker's Signature:** \_\_\_\_\_





# North Carolina State Board of Elections

NC NVRA PROGRAM

VOTER REGISTRATION PREFERENCE FORM

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Please select one of the options below:

- YES, I would like to apply to register/preregister to vote here today.
- YES, I would like to apply to register/preregister to vote, but I will take a voter registration application home to complete at a later time.
- NO, I am declining the opportunity to register/preregister to vote today.
- I am ALREADY REGISTERED to vote at my current address.
- I am ALREADY REGISTERED but I would like to update my voter registration information. I will complete a voter registration Application/Update form for this purpose.

**IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER/PREREGISTER TO VOTE AT THIS TIME.**

Applying to register/preregister or declining to register to vote will not affect the amount of assistance that you will be provided by this 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/preregister 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.

**PLEASE READ, PRINT YOUR NAME AND DATE OF BIRTH, AND SIGN BELOW:**

I have been offered the opportunity to register or preregister to vote at the agency named below and I understand that I will be offered the opportunity to register/preregister to vote at the initial application for service of assistance and with each recertification, renewal or change of address relating to such service or assistance.

I understand that I may request and receive assistance from this agency in completing the voter registration form. The decision to seek or accept help is mine. I may fill out the application in private.

If I choose to register/preregister to vote, the location where I completed the voter registration application form will be used only for voter registration purposes. If I decline to register/preregister to vote, the fact that I declined will be used only for voter registration purposes.

Applicant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Gates Co DSS  
Agency Name \_\_\_\_\_

**TO REGISTER OR PREREGISTER TO VOTE IN NORTH CAROLINA YOU MUST:**

1. Be a citizen of the United States of America;
2. Be 18 years old or older, or will be at the time of the next general election, or be at least 16 years old and understand that you must be at least 18 years old on election day of the general election in order to vote;
3. Be a resident of North Carolina, this county, precinct, or other election district for 30 days before the next election in which you intend to vote;
4. You must not vote in any other county or state after submission of a voter registration form. If you register to vote today, any voter registration you have elsewhere will be canceled.
5. You must not have been convicted of a felony, or if you have been convicted of a felony, you must have completed your sentence, including any probation or parole. (*Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.*)

County: Gates		FOR NVRA AGENCY USE ONLY:			
Interviewer Initials:		Agency Type:	01	02	03
		If Phone/Email contact, was voter registration form mailed to applicant?			





## LOW INCOME ENERGY ASSISTANCE PROGRAM ELIGIBILITY WORKSHEET

APPLICANT \_\_\_\_\_

### I. CITIZENSHIP

	Verification Source	Date
A. If a household member is an eligible alien, document who and how verified.	_____	_____
B. If a household member is an ineligible alien, document who and how verified.	_____	_____

### II. RESOURCES ALLOWANCE COMPUTATIONS

	Amount	Verification Source	Date
A. Checking Account Balance Above Monthly Expenses	_____	_____	_____
B. Savings Account	_____	_____	_____
C. Accessible Retirement Accounts	_____	_____	_____
D. Investments such as U.S. Savings Bonds, Stocks, and Trust Funds, etc.	_____	_____	_____
E. Cash on Hand	_____	_____	_____
F. Other _____	_____	_____	_____

**Total of Resources (A. through F.)** \_\_\_\_\_

### III. VERIFICATION OF TOTAL EARNED INCOME

	Amount	Verification Source	Date
1. A. Household Member 1 - Wages	_____	_____	_____
B. Household Member 2 - Wages	_____	_____	_____
C. Household Member 3 - Wages	_____	_____	_____
D. Roomer and Boarder	_____	_____	_____
E. Rentals	_____	_____	_____
F. Farm Income	_____	_____	_____
G. Business and Self-employment	_____	_____	_____
H. Other _____	_____	_____	_____
2. <b>Work-Related Expenses</b>	_____	_____	_____
Legal Support Obligation	_____	_____	_____
Medical Deduction (\$85 Per Specified Person)	_____	_____	_____
Child Care	_____	_____	_____

### IV. VERIFICATION OF TOTAL UNEARNED INCOME

	Amount	Verification Source	Date
A. Work First Benefits	_____	_____	_____
B. SSI Benefits	_____	_____	_____
C. Social Security	_____	_____	_____
D. Veterans' Benefits	_____	_____	_____
E. Worker's Comp.	_____	_____	_____
F. Unemployment Comp.	_____	_____	_____
G. Child Support	_____	_____	_____
H. Contributions	_____	_____	_____
I. Work Release	_____	_____	_____
J. Railroad Retirement	_____	_____	_____
K. Income from Stocks, Bonds, etc.	_____	_____	_____
L. Other _____	_____	_____	_____

**V. 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. Prorata Share (A ÷ B)	_____	_____	_____	_____
D. Number of eligible household members	_____	_____	_____	_____
E. Amount to count (C x D)	_____	_____	_____	_____

\_\_\_\_\_  
Caseworker's Signature

\_\_\_\_\_  
Date

**Low Income Energy Assistance Program  
Crisis Intervention Program**

**INFORMATION NEEDED TO COMPLETE YOUR APPLICATION**

Name \_\_\_\_\_ App.# \_\_\_\_\_ Date \_\_\_\_\_

Information needed to complete your LIEAP/CIP application must be received at the County Department of Social Services by the deadline date of \_\_\_\_\_

This is the only notice that you will receive. To complete your application for LIEAP/ CIP you must supply the following:

- \_\_\_\_\_ 1. Wage stubs or verification of income for the month of \_\_\_\_\_  
from \_\_\_\_\_
- \_\_\_\_\_ 2. Verification of Social Security number.
- \_\_\_\_\_ 3. Proof of legal immigration status.
- \_\_\_\_\_ 4. Other \_\_\_\_\_

**I understand that it is my responsibility to supply the information to determine my eligibility for Low Income Energy Assistance/Crisis Intervention Program. If I have problems in getting this information, I will let the Energy staff know.**

\_\_\_\_\_  
Caseworker's Signature Telephone Number Date

\_\_\_\_\_  
Applicant's Signature Date

Print your name and application # on each piece of information you send in.

**Send this information to:**

Name of Caseworker (print) \_\_\_\_\_

County Office Address:

GATES COUNTY DEPARTMENT OF SOCIAL SERVICES  
PO BOX 185/122 MAIN STREET  
GATESVILLE, NC 27938

You will receive a notice in the mail if your application is approved or denied.

