

# PARTICIPANT ASSESSMENT APPLICATION for PROGRAMS

Application Type (Check All That Apply)	<input type="checkbox"/> Energy Bill - Low-Income Home Energy Assistance Program (LIHEAP)		<input type="checkbox"/> Water Bill - Low-Income Home Water Assistance Program (LIHWAP)	
	<input type="checkbox"/> Weatherization - Weatherization Assistance Program (WAP)		<input type="checkbox"/> Other: _____	
Application Date				
Applicant Last Name				
Applicant First Name			Middle	
Mailing Address				
Mailing City		State		Zip Code
Residential Address	<input type="checkbox"/> Same as Mailing Address <input type="checkbox"/> Other: _____			
Residential City		State		County
Home Phone		Cell Phone		Work Phone
Okay to Email?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address	
How did you hear about this program?	<input type="checkbox"/> Television Ad <input type="checkbox"/> Referred by Family/Friend <input type="checkbox"/> Radio Ad <input type="checkbox"/> Referred by an Agency: _____ <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Referred by My Utility Company: _____ <input type="checkbox"/> Other: _____			
Household Type	<input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Two Parents w/Children <input type="checkbox"/> Single Parent, Male <input type="checkbox"/> Unrelated Adults <input type="checkbox"/> Other: _____			
Number of Household Members (Count <u>All</u> Persons Living in Your Home)				

## Income Guidelines by Program

The table below shows the income guidelines for the Low-Income Home Energy Assistance Program, Low-Income Home Water Assistance Program, and the Low-Income Weatherization Assistance Program. Eligibility is based on annual gross income limits. Monthly gross income limits are provided as a quick reference tool; these totals cannot exceed the annual gross income limits\*.

Low-Income Home Energy Assistance Program (LIHEAP) Low-Income Home Water Assistance Program (LIHWAP) 60% of State Median Income		
Family Size	Gross Monthly Income	Gross Annual Income
1	\$2,075.33	\$24,904.00
2	\$2,713.92	\$32,567.00
3	\$3,352.42	\$40,229.00
4	\$3,991.00	\$47,892.00
5	\$4,629.58	\$55,555.00
6	\$5,268.08	\$63,217.00
7	\$5,387.85	\$64,654.20
150% of Federal Poverty Guidelines		
8	\$5,582.50	\$66,990.00
9	\$6,150.00	\$73,800.00
10	\$6,717.50	\$80,610.00
Each Additional Person	+\$567.50**	+\$6,810.00**

Low-Income Weatherization Assistance Program (WAP) 200% of Federal Poverty Guidelines		
Family Size	Gross Monthly Income	Gross Annual Income
1	\$2,146.67	\$25,760.00
2	\$2,903.33	\$34,840.00
3	\$3,660.00	\$43,920.00
4	\$4,416.67	\$53,000.00
5	\$5,173.33	\$62,080.00
6	\$5,930.00	\$71,160.00
7	\$6,686.67	\$80,240.00
8	\$7,353.33	\$88,240.00
9	\$8,200.00	\$98,400.00
10	\$8,956.67	\$107,480.00
Each Additional Person	+\$756.67**	+\$9,080.00**

To qualify for assistance, your family's total annualized household income must be at or below the limits listed above for the program(s) for which you are applying. To annualize your income, take your prior 30 days' income and multiply by twelve.

**Household Members - Please provide details regarding everyone who lives in your home, listing the Applicant/Head of Household first. If there are more household members that cannot be included on this form, please ask for an additional page.**

Relationship to Applicant	Self			
Name				
Date of Birth				
Social Security #				
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
US Citizen	<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
Military Status	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A
Disabling Condition	<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
Non-Cash Benefits (Check <u>All</u> That Apply)	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:
Employment (For Those 18+, Check <u>All</u> That Apply)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Unemployed and Not in Labor Force	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Unemployed and Not in Labor Force	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Unemployed and Not in Labor Force	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Unemployed and Not in Labor Force
Farmworker (Select <u>One</u> )	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker
Income Sources (Check <u>All</u> That Apply)	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> VA Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Retirement <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TAFI <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> Other: <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> VA Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Retirement <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TAFI <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> Other: <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> VA Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Retirement <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TAFI <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> Other: <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> VA Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Retirement <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TAFI <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> Other: <input type="checkbox"/> None
Education (For Those 16+, Select <u>One</u> )	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate / GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate / GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate / GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate / GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other

Housing Details - <i>Please provide details about your home</i>	
Occupancy Status	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless
Date Moved into Current Home	
Housing Type	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Manufactured Home / Mobile Home over 40 ft. <input type="checkbox"/> Travel Trailer / RV / Mobile Home under 40 ft. <input type="checkbox"/> Duplex (2 Units) <input type="checkbox"/> Triplex (3 Units) <input type="checkbox"/> Quadplex (4 Units) <input type="checkbox"/> Apartments (More than 4 Units)

\*Complete this section only if you are applying for Energy Assistance, Weatherization, or if your heating/cooling system or water heater is not working:

Energy Vendor Details - <i>Please provide details on how you heat your home.</i>	
Primary Heat Source (Select <u>one</u> )	<input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Wood (Corded) <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane (Small Bottles) <input type="checkbox"/> Fire logs <input type="checkbox"/> Other:
Primary Heat Vendor	Account Number
Are your Primary Heating costs included in your rent? (Select <u>one</u> )	<input type="checkbox"/> No <input type="checkbox"/> Yes, my landlord provides my primary heat source without billing me for it <input type="checkbox"/> Yes, the primary heating bill is in the landlord's name, but I pay the full cost of each monthly bill <input type="checkbox"/> Yes, the landlord charges me a set amount per month to cover the primary heating costs: \$_____
Are you facing an emergency with your Primary Heat Source? (Select <u>one</u> )	<input type="checkbox"/> No <input type="checkbox"/> Yes, my primary heat source has been disconnected <input type="checkbox"/> Yes, I am out of my primary heating fuel <input type="checkbox"/> Yes, I will be disconnected on: _____ <input type="checkbox"/> Yes, I will run out of my primary heating fuel within 48 hrs.
Electricity Vendor	Account Number
Are you facing an emergency with your Electricity Account? (Select <u>one</u> )	<input type="checkbox"/> No <input type="checkbox"/> Yes, my electricity has been disconnected <input type="checkbox"/> Yes, I will be disconnected on: _____
Other Heat Source(s) (Select all that apply)	<input type="checkbox"/> Electricity <input type="checkbox"/> Oil <input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Wood (Corded) <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Natural Gas <input type="checkbox"/> Coal <input type="checkbox"/> Propane (Small Bottles) <input type="checkbox"/> Fire logs <input type="checkbox"/> Other:
Other Heating Vendor(s)	Account Number(s)

\*Complete this section only if you are applying for Water Assistance:

Water Vendor Details - <i>Please provide details on your household water provider(s).</i>	
Drinking Water Vendor	Account Number
Are your Drinking Water costs included in your rent? (Select <u>one</u> )	<input type="checkbox"/> No <input type="checkbox"/> Yes, my landlord provides my drinking water without billing me for it <input type="checkbox"/> Yes, the drinking water bill is in the landlord's name, but I pay the full cost of each monthly bill <input type="checkbox"/> Yes, the landlord charges me a set amount per month to cover drinking water costs: \$_____
Are you facing an emergency with your Drinking Water bill? (Select <u>one</u> )	<input type="checkbox"/> No <input type="checkbox"/> Yes, my water has been disconnected <input type="checkbox"/> Yes, I will be disconnected on: _____
Wastewater (Sewer) Vendor	Account Number
Are your Wastewater costs included in your rent? (Select <u>one</u> )	<input type="checkbox"/> No <input type="checkbox"/> Yes, my landlord provides for my wastewater disposal without billing me for it <input type="checkbox"/> Yes, the wastewater bill is in the landlord's name, but I pay the full cost of each monthly bill <input type="checkbox"/> Yes, the landlord charges me a set amount per month to cover wastewater costs: \$_____
Are you facing an emergency with your Wastewater bill? (Select <u>one</u> )	<input type="checkbox"/> No <input type="checkbox"/> Yes, my wastewater has been disconnected <input type="checkbox"/> Yes, I will be disconnected on: _____

\*Complete this section only if you are applying for Weatherization or if your heating system, cooling system, and/or water heater is not working:

Heating/Cooling System(s) and Water Heater Details - <i>Please provide details about these systems within your home</i>										
Type of Heating System(s) (Select all that apply)	Heating System Fuel						Heating System Condition			
	Natural Gas	Electricity	Oil	Propane	Wood	Wood Pellets				
Central Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Central Heat Pump		<input type="checkbox"/>					<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Central Boiler	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Wall Furnace	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Baseboard Heaters		<input type="checkbox"/>					<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Ductless Heat Pump		<input type="checkbox"/>					<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Wall Heaters		<input type="checkbox"/>					<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Heating Stove	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Space Heaters		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
N/A							<input type="checkbox"/> I do not have a heating system			
Type of Water Heater(s) (Select all that apply)	Water Heater Fuel						Water Heater Condition			
Standard Unit	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Tankless Unit	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Heat Pump Unit		<input type="checkbox"/>					<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable	<input type="checkbox"/> Failing	<input type="checkbox"/> Inoperable	
N/A							<input type="checkbox"/> I do not have a water heater			
Type of Cooling System(s)	<input type="checkbox"/> Central Air Conditioner		<input type="checkbox"/> Window/Wall Air Conditioner					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable		
	<input type="checkbox"/> Central Heat Pump		<input type="checkbox"/> Ductless Heat Pump					<input type="checkbox"/> I do not have a cooling system		
	<input type="checkbox"/> Evaporative Cooler		<input type="checkbox"/> N/A							

\*Complete this section only if all household members in your home had no income over the previous month:

Zero Income Declaration			
I DECLARE THAT THE GROSS INCOME FOR ALL PERSONS LIVING IN MY HOME HAS BEEN ZERO FOR THE PREVIOUS MONTH. I understand that willful misrepresentation and/or concealment of facts can result in criminal and civil penalties. My household's basic living needs for the previous month have been met by: <i>Give a brief explanation below</i>			
Shelter	Food	Utilities	
Participant Signature			Date

## Nondiscrimination Notice

If you believe you have been discriminated against because of race, color, sex, handicap, national origin, religious creed, or political belief, you can file a complaint. Complaint forms are available from the address listed below or at the assistance provider listed above.

DEPARTMENT OF HEALTH AND WELFARE  
CIVIL RIGHTS AFFIRMATIVE ACTION SECTION  
PO BOX 83720; BOISE, ID; 83720-0036

## Your Rights

If your application for assistance is denied, you will be notified in writing of the reason for the denial. If you are dissatisfied with this decision or feel you have been discriminated against in any way, you have thirty (30) days from the date the notice is mailed in which to request a fair hearing using form HW 0406. If you file a fair hearing request, you will have a right to find out if your eligibility for the LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM, LOW-INCOME HOME WATER ASSISTANCE PROGRAM, and/or LOW-INCOME WEATHERIZATION ASSISTANCE PROGRAM was incorrectly determined according to State and Federal law and policy.

## Privacy Act and Information Release

Under Section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552 a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested. You may retain this statement for your records.

Authority: The specific authority for the maintenance of this report is in sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94 385. These sections direct Federal and State agencies, which are sponsoring these programs, to monitor the effectiveness of the programs, and to require the local Non-Profit agency implementing the programs to keep records to enable program monitoring.

Your responses to the request for information are entirely voluntary, however should you decline to provide the information requested, you will not be considered for assistance.

Participant Certification - *Please sign below to certify the accuracy of the information you provided*

I understand that completion of this application does not constitute immediate approval for assistance.

I hereby give my permission for the release of any information needed to process this application to a Representative of the Department of Health and Welfare (IDHW) and/or Non-Profit agency, organization, or their designee or to any state and federal agency, as required by law.

I understand my information will be held in accordance with IDHW Confidentiality Regulations.

I hereby authorize my energy vendor(s) to provide my billing and usage data to the representative of IDHW and/or this agency or their designee.

Under penalty of perjury, I certify that the information contained in this application is true and correct. I understand that I am applying for federal benefits and I could be sanctioned and required to return any benefits I receive if I willfully misrepresent and/or conceal facts. Sanctions may include administrative, civil, or criminal actions against me, including prosecution.

Participant Signature		Date	
Agency Representative		Date	