APPLICATION FOR UTILITY BILL ASSISTANCE

This is not an entitlement program. If funds run out, benefits can not be paid.

COMPLETE THE APPLICATION AND ATTACH THE FOLLOWING DOCUMENTS

Incomplete application or omission of necessary documents will delay eligibility determination.

- ☐ **Proof of applicant identity.** May include one of the following: valid driver's license or other government issued ID; health insurance card or employment ID; or birth certificate.
- ☐ **Social Security number and card, or other approved document** (SSN *must be verified for new applicants & all household members aged 18 or older)*
- ☐ **Proof of ALL income** listed on/with this application or a completed **Zero Income Form** if no income
- ☐ **Copies of most recent heating and cooling bills.**
- ☐ **Copy of lease agreement is required:**
  - If you live in subsidized housing; or
  - If your utilities are included in your rent.

Send Application To:

NOTE: IF YOU RECEIVE A SUBSIDY, STIPEND, ALLOWANCE OR REIMBURSEMENT FOR YOUR UTILITIES, YOU MAY NOT BE ELIGIBLE FOR LIHEAP.

DO NOT USE WHITE OUT. TO MAKE CHANGES; CROSS OUT AND RE-WRITE ANSWERS.

SECTION I: APPLICANT INFORMATION

Attach a copy of identification (e.g. driver's license). If a new applicant, attach a copy of Social Security card.

LAST NAME	FIRST NAME	MIDDLE
PHYSICAL ADDRESS	DO YOU RENT OR OWN YOUR HOME? ☐ **OWN** ☐ **RENT** (complete Section IV)	
CITY	STATE / ZIP CODE	COUNTY OF RESIDENCE
MAILING ADDRESS ☐ CHECK IF SAME AS PHYSICAL ADDRESS		
MAILING CITY	STATE / ZIP CODE	MOBILE NUMBER
EMAIL ADDRESS	ARE YOU EMPLOYED? ☐ YES ☐ NO	HOME/ALTERNATE PHONE #
SOCIAL SECURITY NUMBER (SSN) ___ — ___ — ____	AGE	
DATE OF BIRTH M M D D Y Y Y Y	DO YOU RECEIVE DISABILITY BENEFITS? ☐ YES ☐ NO	
RACE*	☐ American Indian or Alaska Native (1) ☐ Asian (2) ☐ Black or African American (3) ☐ Native Hawaiian or other Pacific Islander (4) ☐ White (5) ☐ Multi-race (6) ☐ Other (7) ☐ Unknown (8)	
ETHNICITY*	☐ Hispanic, Latino, or Spanish Origins (A) ☐ Not Hispanic, Latino, or Spanish Origins (B) ☐ Unknown (C)	
GENDER*	☐ MALE ☐ FEMALE ☐ OTHER ☐ UNKNOWN *Race, Ethnicity, and Gender are used for statistical purposes only.*	

FOR AGENCY USE ONLY	
APPLICATION DATE:	
APPLICATION TIME:	
DISPOSITION TIME:	☐18 HOURS ☐48 HOURS
INTERVIEWER:	
METHOD:	
DATE:	

REGISTER NUMBER(S)							
R	E	G	U	L	A	R	
C	R	I	S	I	S		
S	U	P	P	L	M	T	1
S	U	P	P	L	M	T	2

SECTION II: ADDITIONAL HOUSEHOLD MEMBERS

*Provide information for **other** members of the applicant's household. All household members aged 18 or older must verify their SSN. List additional members on a separate sheet. **DO NOT INCLUDE THE APPLICANT IN THIS SECTION.***

	FIRST AND LAST NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	AGE	GENDER	RACE/ ETHNICITY* SEE PAGE ONE	RECEIVE DISABILITY? YES/NO	EMPLOYED? YES/NO	SOCIAL SECURITY NUMBER (SSN)
1						/	Y / N	Y / N	
2						/	Y / N	Y / N	
3						/	Y / N	Y / N	
4						/	Y / N	Y / N	
5						/	Y / N	Y / N	
6						/	Y / N	Y / N	

SECTION III: HOUSEHOLD INCOME

WORK INCOME: List anyone in your household (18 and older & not a full-time student) who has work income (includes self-employment, babysitting, & other odd jobs). List additional information on a separate sheet, if necessary. **ATTACH PROOF OF INCOME.**

NAME	HOW OFTEN PAID	GROSS AMOUNT LAST MONTH	EMPLOYER NAME

NON-WORK INCOME: List anyone in your household who receives any of the following and **ATTACH THIS PROOF OF INCOME:**
Alimony | Child Support | Housing Utility Assistance Payment | Retirement Benefits | Social Security Income (SSA) | Supplemental Security Income (SSI) | Supplemental Security Disability Income (SSDI) | TEA | Unemployment Benefits | Veteran's Benefits | Worker's Compensation | Any other non-work income (Use separate sheet, if necessary)

NAME	HOW OFTEN PAID	GROSS AMOUNT LAST MONTH	INCOME PROVIDER

LAST EMPLOYMENT: If you or any adult (18 or older) member of your household is unemployed at the time of this application, list the most recent employment below. List additional information on a separate sheet, if necessary.

NAME	WHERE LAST EMPLOYED	WHEN EMPLOYMENT ENDED

Additional information is required if the household has **NO INCOME**. Speak with the agency accepting your application.

SECTION IV: RENTER UTILITY INFORMATION (OWNERS SKIP TO SECTION V)

I RECEIVE A REIMBURSEMENT, SUBSIDY, OR ALLOWANCE FOR UTILITIES ☐ **YES** ☐ **NO**

If you are a renter **and your utilities are included in your rent,** provide your landlord's information and a copy of your lease agreement or other documentation reflecting responsibility for paying utilities.

LANDLORD'S NAME _____ LANDLORD'S PHONE _____

LANDLORD'S EMAIL _____ RENT PAYMENT: _____

WHICH UTILITIES ARE INCLUDED IN YOUR RENT? (CHECK ALL THAT APPLY)

☐ ELECTRICITY ☐ NATURAL GAS ☐ PROPANE ☐ WOOD ☐ FUEL OIL

SECTION V: TYPE OF ENERGY ASSISTANCE

Please select the utilities with which you need help:

☐ ***I want to split my regular benefit. (Splitting a regular benefit will not result in a larger benefit amount.)***

☐ **ELECTRICITY** ☐ **PROPANE**

☐ **NATURAL GAS** ☐ **WOOD**

☐ **FUEL OIL** ☐ **OTHER (specify)** _____

Unless otherwise advertised, ONLY electric energy assistance is available during the summer, and a benefit cannot be split.

CRISIS DETERMINATION

Please check (only if applicable):

☐ Someone in my household has a medical condition requiring connection to a power source.

☐ The health of someone in my household could be affected by the disruption of my utility service.

	CRISIS SITUATION	ELECTRIC	HEATING
☐	I have a past due balance OR disconnect notice on a utility bill.	☐	☐
☐	My home utility is disconnected. **DATE DISCONNECTED:** INSERT DATE	☐	☐
☐	My heating fuel is at or below 20% of the tank capacity OR has less than three weeks supply remaining and the fuel supplier will not deliver additional fuel without payment.	☐	☐
☐	I am out of heating fuel.	☐	☐
☐	I have received an eviction notice which is partly or wholly due to failure to pay my electricity and/or heating charges to my landlord.	☐	☐

SECTION VI: HOME UTILITY SUPPLIER INFORMATION

ELECTRICITY SOURCE (REQUIRED OF ALL APPLICANTS)

ELECTRIC SUPPLIER'S NAME _____ **ACCOUNT NUMBER** _____

Whose name is the account in, if it is NOT yours? _____ Is the account closed? ☐ YES ☐ NO

Does this person live with you? ☐ YES ☐ NO What is this person's relationship to you? _____

Is your home all electric? ☐ YES ☐ NO (if no, complete heating source information)

PRIMARY HEATING SOURCE (IF OTHER THAN ELECTRIC)

HEATING SUPPLIER'S NAME _____ **ACCOUNT NUMBER** _____

☐ NATURAL GAS ☐ PROPANE/BUTANE/ LPG ☐ FUEL OIL/ KEROSENE Is the account closed? ☐ YES ☐ NO

☐ WOOD ☐ OTHER: _____

Whose name is the account in, if it is NOT yours? _____

Does this person live with you? ☐ YES ☐ NO What is this person's relationship to you?

SECONDARY HEATING SOURCE (IF APPLICABLE)

HEATING SUPPLIER'S NAME _____ **ACCOUNT NUMBER** _____

☐ NATURAL GAS ☐ PROPANE/BUTANE/ LPG ☐ FUEL OIL/ KEROSENE Is the account closed? ☐ YES ☐ NO

☐ WOOD ☐ OTHER: _____

Whose name is the account in, if it is NOT yours? _____

Does this person live with you? ☐ YES ☐ NO What is this person's relationship to you?

SECTION VII: ADDITIONAL SERVICES

WEATHERIZATION ASSISTANCE PROGRAM (WAP)

For more information, visit:
www.adeq.state.ar.us/energy/incentives/wap

I want to be referred for weatherization services. ☐ **YES** ☐ **NO**

I want to be referred for emergency HVAC repair or replacement only. ☐ **YES** ☐ **NO**

ASSURANCE 16 PROGRAM (A-16)

I am interested in attending workshops to learn more about how to reduce my home energy needs and other life skills, such as prioritizing household expenses. ☐ **YES** ☐ **NO**

SECTION VIII: APPLICANT'S RIGHTS AND RESPONSIBILITIES

IF SUBMITTING A PAPER APPLICATION, IT MUST BE SIGNED AND DATED OR YOUR APPLICATION WILL BE DELAYED.

- I understand that my application will be shared with the providers of the above selected additional services.
- I understand the information on this application will be kept confidential and only be shared as indicated. No information will be sold, loaned, rented or otherwise disclosed except as indicated on this application.
- I understand that I have the right to appeal any decision regarding this application which I consider improper, any delay in decision or delivery of services, and any disagreement with benefit amount.
- I understand that I must help establish my eligibility by providing as much information as I can about my circumstances.
- I authorize the LIHEAP affiliate to share information relating to my application with my utility service provider(s) to determine my eligibility or benefit amount.
- I give permission to the Arkansas Energy Office (AEO) to use information provided on my application for purposes of reporting, research, evaluation, and analysis of the program.
- I authorize my utility supplier (s) to release my account information to Arkansas Energy Office (AEO) or its designee (s).
- I understand that my utility service provider will have no control over the data disclosed pursuant to this consent and will not be responsible for monitoring or taking any steps to ensure that the LIHEAP office maintains the confidentiality of the data or uses the data as I have authorized.
- I understand that no person may be denied assistance on the basis of race, color, sex, age, handicap, religion, national origin, or political belief.
- I understand that my signature on this application authorizes the agency to verify information about me or any household member and/or use it as a release to secure information needed to determine my eligibility for services.
- I understand that if I receive assistance to which I am not entitled as a result of withholding information or knowingly providing false or fraudulent information regarding me and/or household members, I must repay the cost of any assistance and may face penalty of criminal prosecution.
- The information given on this application is true to the best of my knowledge and belief. I understand that this form is signed subject to penalties for perjury.

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A. ☐ Approved ☐ Denied ☐ Withdrawn

This household meets crisis determination requirements set forth in **Arkansas LIHEAP Policy.**

☐ Yes ☐ No

B. Disposition Date: _____

C. **Payee**

Energy Supplier: _____

Applicant: _____

D. Date Payment Made: _____

E. Payment Amount: $ _____

F. Check Number: _____

Applicant's Signature | Date | Authorized Representative's Signature | Date

OZARK OPPORTUNITIES, INC.
Intake Form

Program _____

Applicant/Parent/Guardian _____

Physical Address _____ City _____ Zip code _____

Mailing Address _____ City _____ Zip code _____

Do You Need A Translator? Y N If Yes, What Language/Style? _____

Phone _____ County _____ Email _____

Family Type (choose one) _____Single _____Single Parent/Female _____Single Parent/Male _____Multigenerational
_____Single Mother w/Partner _____Single Father w/Partner _____Other
_____Two Parent Household _____Two Adults/No Children _____Refused

Marital Status (choose one) _____Married _____Separated _____Divorced _____Widowed _____Never Married _____Refused

Monthly Benefits (any that apply) Foodstamps $_____Amount Housing Allowance $_____Amount

Housing (choose one) _____Own _____Rent _____Living with Friends/Family _____Shelter/Transitional Housing
_____Homeless _____Homeless (Dwelling Not Fit for Human Habitation)
_____Other Permanent Housing (Long-Term Care) _____Other _____Refused

Name of Household Members (Include Applicant)	Relationship to You	Race	Gender	Social Security Number	Date of Birth	Education Level	Disabled	Military Status	Name of Health Insurance Provider
	Self						**Y N**		
							Y N		
							Y N		
							Y N		
							Y N		
							Y N		
							Y N		
							Y N		
							Y N		
							Y N		
							Y N		

Note: *Medicare & Medicaid are considered health insurance.*

NOTE: Form continues on back side

OZARK OPPORTUNITIES, INC.
Intake Form

Monthly Income For Each Family Member

Name	Source of Income	Gross Amount for Month	Employment Status (Full time, Part Time, Retired, etc)	Pay Period (Weekly, Bi-weekly, Monthly)

Note: *If you need additional lines, please add another piece of paper with the information requested.*

Note: *Income sources include TEA, SSI, SS, Pension, Unemployment Benefits, Employment, Child Support, etc.*

What do you need assistance with today?

I certify that the above information is true and correct. My signature below authorizes Ozark Opportunities, Inc. to release information relating to my application and to obtain information from other agencies in order to determine eligibility for assistance. The content in this form may also be used to determine eligilblity for other services administered within OOI. General statistical information is compiled with other households to create a report for funding sources.

Applicant Signature Date

OOI Staff Member Signature Date