



RHODE ISLAND LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
Application Form 2021-2022

Application Number: _____

Instructions: Please review and complete the following two-page form.

Primary Applicant

Name		Phone			
Address		Cell Phone			
City State Zip					
Email		Is anyone in the household a veteran?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No				

Do you speak English?	Yes	No	If not, what language do you speak?	
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List All Household Members				Gender	Disabled	Race	Education Level	Health Insurance	Relationship	Marital Status
Name	DOB	Income Code	SSN							

See application codes on page 3

Member Information/Housing

Housing Type (Circle One):

Single Family – Own	Single Family – Rent	Duplex – Own	Duplex – Rent	Condo – Own	Condo - Rent
Multi-Family (2-4) – Own	Multi-Family (2-4) – Rent	Multi-Family (5+) – Own	Multi-Family (5+) – Rent	Mobile Home - Own	Mobile Home - Rent

Do you live in Section 8 or Subsidized Housing?	Yes	No	Monthly Rent or Housing Cost:	
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Applicant Name: _____ **Application Number:** _____

Do you receive SNAP benefits (food stamps)?	Yes	No	Is heat included in your rent/condo fee?	Yes	No
Do you share a heating system with another rental unit or residence?	Yes	No	Where did you learn about LIHEAP?		

Supplier Information / Conservation

Heating Type (Circle One)

01. Oil	02. Gas	03. Propane
04. Electric	05. Coal	06. Wood
07. Kerosene	08. Heat in Rent	09. Other

Landlord Information (please complete)

Landlord Name	
Landlord Address	
Landlord Phone	

Heating Source

Heating Company	
Account #	
Name on Bill	
Fuel Type	

Electric Company

Electric Company	
Account #	
Name on Bill	

Weatherization Information

Are you interested in having your home weatherized?	Yes	No	Has your home been weatherized?	Yes	No
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AGREEMENT & SIGNATURE

I attest that the information contained on this form is true and accurate. All information on this application is required to determine eligibility for benefits under Rhode Island’s Low Income Home Energy Assistance Program (LIHEAP) and Weatherization Assistance Program (WAP). Collection of your Social Security number is not prohibited by Federal law and is required as a stipulation to receive benefits. By providing application information, you are authorizing the Rhode Island Department of Human Services and its authorized agents to verify the data provided against federal, state, county, energy provider, employer and landlord databases or records. I also authorize my energy vendor/utility company to release energy related data regarding my household to the Rhode Island Department of Human Services or its authorized agents. I further affirm that I am the only person in the household applying for LIHEAP assistance this program year, and that I have not previously applied for LIHEAP at this location or at any other LIHEAP authorized agencies. I authorize the State of Rhode Island, Department of Human Services to deem and verify subcontractors to share this information with for reporting purposes, in order to effectively and efficiently administer Human Services programs.

I know that should any information I provide in this application be false or misleading, it will be the basis for ineligibility and will be investigated and prosecuted as fraud.

Signature: _____ Date: _____

If you do not receive a decision on your application after 60 days from the date of the application received, you have the right to a fair hearing and may file an appeal. **Any missing or incomplete information on this form or subsequent documentation may delay the application process.**

THIS SECTION TO BE FILLED OUT BY THE AGENCY ONLY

Intake Attestation: I attest that I have followed policies as mandated in the Rhode Island LIHEAP Administration & Procedures Manual in processing this application for LIHEAP benefits, and that, to the best of my knowledge the information on this form is complete and accurate.

This applicant applied In Person Through Proxy Mail

Signature: _____ Date: _____

APPLICATION CODES

Income:	Gross Wages =W	Self-Employment =S	Social Security = SS	Unemployment = U	Workers Comp = C
Veterans Benefits = V	Pension = P	Dividend/Interest=D	Rental Income =R	Alimony = A	Child Support =CI
RI Works=RI	Support Letter = H	TDI = TD	SSI =SSI	SNAP/Food Stamps =F	

Education:	0-8th Grade=A	9-12th Non Grad=B	HS Grad/GED=C	12+ some post-secondary=D	4 Year College Grad=E	No Response=U
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Race:	Black/African American = 01	White=02	Asian=03	Hispanic/Latino=04		
Hawaiian/Pacific Islander = 05	American Indian/Alaska Native=06	No Response=07	Other=08	Two or more races=09		

Medical:	Medicare=01	Medicaid = 02	Private=03	None=04	Rite Care = 05	Other Unknown=06
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Relationship:	Applicant=A	Spouse=S	Child=C	Foster Child=F	Mother=M	Father=F	Child's Father=D	Sister=G
Brother=B	Grandparent=E	Aunt=I	Uncle=U	Cousin=L	Niece=N	Nephew=R	Not Related=Z	Other=O