

For Office Use Only

COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD
Please complete all items and questions and attach required proof
An incomplete application will delay assistance

For Office Use Only (Date)

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

Client Number

PRIMARY APPLICANT

Form for Primary Applicant with fields for First Name, M.I., Last Name, Social Security Number, Current Mailing Address, City, State, Zip code, Ohio County, Daytime Telephone, Date of Birth, E-mail Address, Current Service Address, and Ohio County.

- 1) Check the box that most closely describes the type of building you live in. (Check only one)
2) Including yourself, how many people live in your household?
3) Including yourself, please list the names, relationships, social security number(s), date(s) of birth and gross incomes of everyone living in your household.

Table with 10 columns: Household Members, Relationship to You, Social Security Number, Date of Birth, Income Source, Current Mo., Last 3 Mo., Last 12 Mo., Disabled?, U.S. Citizen?

- 4) What was your total gross household income for the last 12 months?
5) Do you receive Public Assistance? Case Number
6) INCOME SOURCE (Check the Income Source(s) for Your Household) DOCUMENTATION MUST BE PROVIDED!
7) Is there anyone in the home who is 18 years old or older and a full-time student...
8) If there are no children under the age of 18 in the household, do any adults have children under age 18 who live in another household?

9) Do you rent or own your home? Rent Own (Buying) skip to question 13.

10) Landlord's Name
Address
Telephone Number

11) Do you rent a room in someone else's home?
yes no

12) Do you receive **Rental** assistance from the government i.e. Section 8, HUD, Metropolitan Housing?
yes no

13) Has your household received weatherization services from any other program; for example, a utility program?
yes no
If yes, which program?

14) Would you like to apply for the Home Weatherization Assistance Program (HWAP)?
yes no

15) I consent to the release of my name, phone number and social security number to the local telephone company so that I may receive a possible reduced telephone rate through the Lifeline Program.
yes no

16) Number of Native Americans (as defined by the U.S. Bureau of Indian Affairs) in the household.

17) Number of migrant farm workers in the household.

18) What is your **Main** source of heat? (Check only one)

Natural Gas Bottle Gas or Propane (L.P. Gas) Fuel oil or Kerosene Coal or Wood or Pellets Electric Other _____

Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. **Include a copy of your most recent fuel or heating bill from your current address.**

Complete the section below with your electric company name and account number. **Include a copy of your most recent electric bill from your current address.**

Main Heating Source (Same source as Question 18.)

Electric

Do you want to enroll in PIPP? (Please see front page for PIPP description)
yes no

Do you want to enroll in PIPP? (Please see front page for PIPP description)
yes no

If you are currently enrolled in PIPP, would you like to reverify?
yes no

If you are currently enrolled in PIPP, would you like to reverify?
yes no

Company/Vendor

Company/Vendor

Account #

Account #

19) Are your heating costs included in your rent?
yes no

22) Is your electricity included in your rent?
yes no

20) Is the name on your heating bill different from the Applicant's name? If yes, give that name.

23) Is the name on your electric bill different from the Applicant's name? If yes, give that name.

First: Last:

First: Last:

21) Do you share a main heating source meter with another household?
yes no

24) Do you share an electric meter with another household?
yes no

I understand that by signing this application, I grant the Ohio Department of Development or its authorized providers access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Department of Development, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 30 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State Law for knowingly making false or fraudulent statements. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45nCFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

X Sign Here _____ **Application Date** _____