

Application for Energy Assistance Programs

<p>Utility Assistance</p> <p>The Low-Income Home Energy Assistance Program (LIHEAP) helps families pay their utility costs for heating their home.</p>		<p>Weatherization</p> <p>The Weatherization Assistance Program (WAP) helps families reduce their monthly heating and cooling costs and improves the safety of their homes.</p>
---	--	---

<p>WHO Can use this application</p>	<p>Anyone can use this application to:</p> <ul style="list-style-type: none"> • Apply for assistance for themselves and/or their household members • Apply for one type of assistance or for multiple types of assistance
<p>WHAT You may need to provide to apply</p>	<p>Providing the following information may help us determine your eligibility faster:</p> <ul style="list-style-type: none"> • Proof of citizenship for each household member or legal status in the U.S. for non-citizens • Social Security numbers for each household members • Proof of income for each household member for the prior month. • Copies of your most recent utility bills <p>We may need other proof, but we will ask for this only if we need it.</p>
<p>WHY We ask for this information</p>	<p>We ask for this information for a few reasons:</p> <ul style="list-style-type: none"> • To determine if you qualify for assistance • To determine what types of assistance you qualify for • To make sure you get the right amount of assistance based on your situation <p>Equal opportunity for applicants In accordance with federal law and Office of Community Services (OCS), Administration for Children and Families, U.S Department of Health and Human Services (HHS) policy, the Idaho Department of Health and Welfare and Community Action Agencies are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, contact HHS at:</p> <p>HHS, Director, Office of Community Services Fax: (202) 401-9333 200 Independence Ave. S.W. Email: Lanique.Howard@afc.hhs.gov Washington, D.C. 20201 Phone:(202) 205-8347</p>
<p>Accessibility and interpretation services</p>	<p>The Idaho Department of Health and Welfare (IDHW) and local Community Action Agencies offer the following services free to you. Please ask if you need the following assistance to communicate more effectively with us:</p> <ul style="list-style-type: none"> • Assistance in understanding this form • Accommodation for a disability • Language Interpreter <p>To access any of these services, please call the local agency that serves the county where you live.</p>
<p>Appeal/Hearing Rights</p>	<p>You have the right to ask for a hearing if you disagree with the decision made about your assistance benefits. You have thirty (30) days in which to request a fair hearing. This timeframe begins the day after the notice was given or mailed to you. To request a hearing, please use one of the following methods:</p> <ul style="list-style-type: none"> • Call the local Community Action Agency listed above • Email us at MyBenefits@dhw.idaho.gov • Fill out and submit the Fair Hearing Request Form at mybenefitforms.dhw.idaho.gov. <p>At the hearing, you may represent yourself or use legal counsel, a relative, a friend , or other spokesperson to represent you.</p>
<p>Privacy Act and Information Release</p>	<p>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.</p> <p>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.</p> <p>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.</p>

Applicant and Household Information

Application Type (Check All That Apply)	<input type="checkbox"/> Utility Assistance Heat - Low-Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weatherization - Low-Income Weatherization Assistance Program (WAP)			
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 would you like to receive your benefit notification?	<input type="checkbox"/> Mail <input type="checkbox"/> Email			
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				

Housing Details - Please provide details about your home	
Occupancy Status	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Rent Subsidized
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)

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 use the attached 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/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/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/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/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 All 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 (Check All That Apply) For those 18+	<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"/> 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"/> 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"/> 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"/> Not in Labor Force
Farmworker (Select One)	<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 All That Apply)	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None
Health Insurance (Check All That Apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment <input type="checkbox"/> None	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment <input type="checkbox"/> None	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment <input type="checkbox"/> None	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment <input type="checkbox"/> None
Education (Select One) For those 16+	<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

Zero Income Declaration -Complete this section only if all household members in your home had no income in the previous month:

Briefly explain how your household's basic living needs for the previous month have been met:

Shelter	Food	Utilities

Utility Vendor Details - Please provide details on how you heat your home.

Primary Heat Source (Select <u>one</u>)	<input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Wood <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane (Bottles) <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Energy Logs
--	--

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 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 one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my utility has been disconnected <input type="checkbox"/> Yes, I will be disconnected on: _____
--	---

Electricity Vendor		Account Number	
---------------------------	--	-----------------------	--

Idaho Power Customers Only – Service Agreement 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"/> Coal <input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Wood <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane (Bottles) <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Energy Logs
--	--

Other Heating Vendor(s)		Account Number	
--------------------------------	--	-----------------------	--

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 Idaho 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 utility 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 that I could be ineligible to receive LIHEAP benefits for up to twelve (12) months and be required to return any benefits I receive if I willfully misrepresent and/or conceal facts. I declare that I am applying for of the people living in my home. I understand that this information will be used, upon request, in determining eligibility for other agency programs or services. I assure that any LIHEAP payments received will be used solely for my household's home energy costs and will not be shared and/or sold to anyone outside of the household members listed on this application.

If requesting weatherization services, I understand completion of this application does not guarantee any weatherization work being done on my house and I may be required to repay any expense for weatherization services I receive if I willfully misrepresent and/or conceal facts. I am authorizing the weatherization of my house at no cost to me or my family and, if applicable, authorizing the agency to contact my landlord for permission to weatherize the home.

Participant Signature	Date
Agency Representative	Date

*Complete this section **only** if you are applying for Weatherization Assistance **or** if your heating system is not working

Heating/Cooling System(s) and Water Heater Details - Please provide details about these systems within your home											
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"/> 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				
	Natural Gas	Electricity	Oil	Propane	Wood	Wood Pellets					
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"/> Evaporative Cooler		<input type="checkbox"/> N/A									

Household Members - Additional household members' 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/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/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/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/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 All 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 (Check All That Apply) For those 18+	<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"/> 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"/> 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"/> 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"/> Not in Labor Force
Farmworker (Select One)	<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 All That Apply)	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None
Health Insurance (Check All That Apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based
Education (Select One) For those 16+	<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

To submit this application

If you live in this county:	Mail, Email, or drop-off your complete, signed applications and verifications to:	
Ada, Owyhee, Elmore	El Ada Community Action Agency Inc 701 E. 44 th St. Garden City, Idaho 83714	Phone: 208-322-1242 Website: www.eladacap.org Email: LIHEAP@eladacap.org
Adams, Boise, Canyon, Gem, Payette, Valley, Washington	Western Idaho Community Action Partnership, Inc. 315 S. Main St. Payette, Idaho 83661	Phone: 888-900-7361 Website: www.wicap.org Email: info@wicap.org
Bingham, Bonneville, Canyon, Cassia, Power, Twin Falls	Community Council of Idaho 317 Happy Day Blvd. #180 Caldwell, Idaho 83607	Phone: 208-454-1652 Website: www.communitycouncilofidaho.org Email: LIHEAP@ccimail.org
Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton	Eastern Idaho Community Action Partnership, Inc. 935 E. Lincoln Rd. Idaho Falls, Idaho 83401	Phone: 208-542-8178 Website: www.eicap.org Email: eaif@eicap.org
Benewah, Bonner, Boundary, Clearwater, Idaho, Latah, Lewis, Kootenai, Nez Perce, Shoshone	Community Action Partnership, Inc. 124 New 6 th St. Lewiston, Idaho 83501	Phone: 800-326-4843 Website: www.cap4action.org Email: ea@cap4action.org
Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power	SouthEastern Idaho Community Action Agency, Inc. 641 N. 8 th Avenue Pocatello, Idaho 83201	Phone: 208-232-1114 Website: www.seicaa.org Email: energy@seicaa.org
Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls	South Central Community Action Partnership, Inc. 550 Washington St. S Twin Falls, Idaho 83301	Phone: 208-736-0676 Website: www.sccap-id.org Email: kayleen@sccap-id.org