

PARTICIPANT ASSESSMENT APPLICATION for COMMUNITY ACTION PROGRAMS

Application Type (Check All That Apply)	<input type="checkbox"/> Energy Assistance (<i>Low-Income Home Energy Assistance Program</i>) <input type="checkbox"/> Weatherization (<i>Low-Income Weatherization Assistance Program</i>) <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 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"/> Letter from This Agency <input type="checkbox"/> Television Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Referred by Family/Friend <input type="checkbox"/> Email from This Agency <input type="checkbox"/> Radio Ad <input type="checkbox"/> Community Event with this Agency <input type="checkbox"/> Referred by Another Agency <input type="checkbox"/> Visit from This Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Received Services Previously <input type="checkbox"/> Referred by My Utility Company <input type="checkbox"/> Poster/Flyer <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:			

Household Members - Please provide details regarding everyone who lives in your home. If there are more household members that cannot be included on this form, please ask for an additional page.				
Relationship to HOH	Head of Household (HOH)			
Name	Listed at top of application			
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 All That Apply)	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Section 8 Voucher (HUD Housing Choice Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> VASH (Veterans Affairs Supportive Housing) <input type="checkbox"/> Other Housing Assistance <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"/> Section 8 Voucher (HUD Housing Choice Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> VASH (Veterans Affairs Supportive Housing) <input type="checkbox"/> Other Housing Assistance <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"/> Section 8 Voucher (HUD Housing Choice Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> VASH (Veterans Affairs Supportive Housing) <input type="checkbox"/> Other Housing Assistance <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"/> Section 8 Voucher (HUD Housing Choice Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> VASH (Veterans Affairs Supportive Housing) <input type="checkbox"/> Other Housing Assistance <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:

Health Insurance Also Select Insurance Type (If Applicable)	<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
	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Plan <input type="checkbox"/> Private Pay Plan <input type="checkbox"/> Affordable Care Act Plan <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Tribal Healthcare <input type="checkbox"/> Other:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Plan <input type="checkbox"/> CHIP <input type="checkbox"/> Private Pay Plan <input type="checkbox"/> Affordable Care Act Plan <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Tribal Healthcare <input type="checkbox"/> Other:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Plan <input type="checkbox"/> CHIP <input type="checkbox"/> Private Pay Plan <input type="checkbox"/> Affordable Care Act Plan <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Tribal Healthcare <input type="checkbox"/> Other:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Plan <input type="checkbox"/> CHIP <input type="checkbox"/> Private Pay Plan <input type="checkbox"/> Affordable Care Act Plan <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Tribal Healthcare <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"/> 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
	<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"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> AABD <input type="checkbox"/> VA Benefits <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Private Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> None <input type="checkbox"/> Other:	<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> AABD <input type="checkbox"/> VA Benefits <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Private Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> None <input type="checkbox"/> Other:	<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> AABD <input type="checkbox"/> VA Benefits <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Private Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> None <input type="checkbox"/> Other:	<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> AABD <input type="checkbox"/> VA Benefits <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Private Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> None <input type="checkbox"/> 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	<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
Currently Attends School	<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
Agency Use Only - Total in EA Household:			Total Household Members*	

Income Guidelines by Program

The table below shows the income guidelines for the Low-Income Home Energy 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 150% of Federal Poverty Guidelines		
Family Size	Gross Monthly Income	Gross Annual Income
1	\$1,561.25	\$18,735.00
2	\$2,113.75	\$25,365.00
3	\$2,666.25	\$31,995.00
4	\$3,218.75	\$38,625.00
5	\$3,771.25	\$45,255.00
6	\$4,323.75	\$51,885.00
7	\$4,876.25	\$58,515.00
8	\$5,428.75	\$65,145.00
Each Additional	\$552.50	\$6,630.00

Low-Income Weatherization Assistance Program 200% of Federal Poverty Guidelines		
Family Size	Gross Monthly Income	Gross Annual Income
1	\$2,081.67	\$24,980.00
2	\$2,818.33	\$33,820.00
3	\$3,555.00	\$42,660.00
4	\$4,291.67	\$51,500.00
5	\$5,028.33	\$60,340.00
6	\$5,765.00	\$69,180.00
7	\$6,501.67	\$78,020.00
8	\$7,238.33	\$86,860.00
Each Additional	\$736.67	\$8,840.00

To qualify for assistance, your family's total annual household income must be at or below the limits listed above for the program(s) for which you are applying.

Housing Details - Please provide details about your home			
Occupancy Status	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless	Date Moved into 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)		
Total Rent (Excluding Lot Rent)	Lot Rent (If Applicable)	Heat Included in Rent?	Year Home Built
\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Name	Landlord Phone Number		
Landlord Address			

Fuel Details - Please provide details on how you heat your home.			
Primary Heat Source (Select <u>one</u>)	<input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Coal <input type="checkbox"/> Oil	<input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Propane (Small Bottles)
Primary Heat Vendor	Account Number		<input type="checkbox"/> Wood (Corded) <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Firelogs <input type="checkbox"/> Other:
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 will be disconnected on:		
Electricity Vendor	Account Number		<input type="checkbox"/> Yes, I am out of my primary heating fuel <input type="checkbox"/> Yes, I will run out of my primary heating fuel within 48 hrs.
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"/> Natural Gas	<input type="checkbox"/> Oil <input type="checkbox"/> Coal	<input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Propane (Small Bottles)
Other Heating Vendor(s)	Account Number(s)		<input type="checkbox"/> Wood (Corded) <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Firelogs <input type="checkbox"/> Other:

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
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
Radiant Heat	<input type="checkbox"/>	<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"/> Central Heat Pump <input type="checkbox"/> Evaporative Cooler		<input type="checkbox"/> Window/Wall Air Conditioner <input type="checkbox"/> Ductless Heat Pump <input type="checkbox"/> N/A			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable <input type="checkbox"/> I do not have a cooling system	

Zero Income Declaration - Please complete if everyone in your household had no income over the previous three months

I DECLARE THAT THE GROSS INCOME FOR MY HOUSEHOLD HAS BEEN ZERO FOR THE PREVIOUS 3 MONTHS.

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 3 months have been met by: (Give a brief explanation below)

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 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. Please initial each of the four items below if you agree with each statement.

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 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	