

KANSAS LOW INCOME ENERGY ASSISTANCE APPLICATION

For questions, call toll-free: 800-432-0043 or go to www.lieap.dcf.ks.gov.



1. Emergency Situation. If you are currently in an emergency situation with your utilities, select the boxes of all that apply. Enclose proof of disconnect, otherwise the case will not be considered an emergency.

	Your household is currently disconnected from utility service. Date of disconnect: _____
	You are out of or have very little propane or wood to operate your primary heating fuel source. List estimated percentage of propane on hand %: _____ Amount of wood on hand _____ (i.e. ¼ cord)
	Someone in your household is using medical support equipment operated by electricity. <input type="checkbox"/> Heart Defibrillator <input type="checkbox"/> Dialysis Machine <input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Infant respiratory failure alarm <input type="checkbox"/> Intermittent positive pressure breathing machine <input type="checkbox"/> Feeding pump <input type="checkbox"/> Ventilator <input type="checkbox"/> Suction Machine <input type="checkbox"/> Other: _____
	Your utilities will actually be disconnected within 48 hours. Disconnect date: _____ (Provide copy of disconnect notice and hang tag if appropriate)

2. Dwelling Type. Select the box that best describes where you live.

	One family house, modular home, mobile home		Travel trailer, camper, RV
	Duplex (2 units in building)		Group home
	Apartment (3 or more units in the building)		Nursing home
	Other, please list: _____		

3. Do you live in Subsidized Housing (Section 8, Public or Senior Housing)? Yes No

If yes, please list name and telephone of landlord and/or unit: _____

(Provide a copy of your rental agreement)

4. Heating System. Select the box that best describes the main heating system built into your home, even if currently not being used.

	Central Gas Furnace		Floor or Wall Furnace
	Steam or Hot Water Radiators		Vented Freestanding Stove (not wood burning)
	Central Electric Furnace		Solar Heating System
	Wood Stove or Fireplace		Baseboard Heaters

Do you use this system? Yes No

If no, please circle the appropriate letter below.

- a. You do not have service because you are unable to pay for the restoration of service.
- b. You do not have service because you are unable to pay for the delivery of a bulk fuel.
- c. The equipment is inoperable, and you cannot afford to pay to have it fixed.
- d. Other: _____

5. Fuel Type. Select the box that describes the fuel used by the main heating system built into your home.

<input type="checkbox"/>	Natural Gas from Underground Lines
<input type="checkbox"/>	Electricity
<input type="checkbox"/>	Delivered Bulk Propane
<input type="checkbox"/>	Other (bottled gas, kerosene, fuel oil, coal or wood) Please list type: _____ Name and federal tax number of wood vendor: _____
<input type="checkbox"/>	Name of utility vendor providing the fuel that heats your home: _____

6. Fuel Bill. Select the box that describes how you pay your heating fuel bill.

<input type="checkbox"/>	The fuel bill is in your name or the name of another adult living in the residence. Name: _____
<input type="checkbox"/>	Your heating cost is included in your rent. Landlord's name and telephone number: _____
<input type="checkbox"/>	Your fuel bill is in your landlord's name, and you pay either the landlord or the fuel company. Landlord's name and telephone number: _____
<input type="checkbox"/>	Your fuel bill is in the name of someone other than an adult living in the residence or your landlord. Name and relationship: _____

7. Vendor Information

The "primary heating fuel vendor" is the vendor that provides the fuel primarily used to heat your home. Provide electric vendor information below even if not requesting a split benefit.

Primary heating fuel vendor name: _____

Account Number: _____

Electric vendor name: (Required if not Listed as primary heating fuel vendor.) _____

Account Number: _____

8. LIEAP Payment Options. Select the box that indicates how you would like your benefit issued.

<input type="checkbox"/>	Make all of my energy benefit payable to my heating vendor. (Enclose a copy of heating bill.)
<input type="checkbox"/>	Split my energy benefit (½ to my primary fuel vendor, and ½ to my secondary vendor). (Enclose a copy of both bills.)

- You may only make this choice one time for the benefit year.
- All payments, including any payments issued during summer months, will be made according to this choice.
- If you request your benefit split, the billing name on all accounts must be the same.
- **If no selection is made, your entire benefit will go to the heating vendor.**

9. Kansas Weatherization Assistance Program (K-WAP)

The Kansas Weatherization Assistance Program provides low-income households free home energy upgrades that help lower their energy bills, such as adding insulation and sealing cracks and gaps that leak air. For more information about the Kansas Weatherization Assistance Program, please call the toll-free Housing Information Line at 1-800-752-4422.

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!**

- I hereby apply for LIEAP assistance from the State of Kansas administered by the Kansas Department for Children and Families (DCF).
- I declare that the information I have given is true, correct and complete to the best of my knowledge.
- I realize that the information that I have given on this application will be subject to verification by DCF.
- If any household member declared on my application is currently receiving food assistance, TANF, or child support, I hereby authorize the agency to use my DCF file to document income and resource eligibility for LIEAP.
- I hereby authorize DCF to release information related to my application for LIEAP to my fuel supplier to determine eligibility.
- I give permission to DCF to use information provided on this application for the purposes of research, evaluation and analysis of the program.
- I understand that I may be fined, imprisoned, or both, under State or federal law if I make false statement(s) on this application in order to get benefits that I am not entitled to receive.
- I understand that I must provide proof of income and other information needed to establish eligibility. I understand that my eligibility will be determined under the guidelines of DCF staff.
- I understand that if I receive assistance as a result of withholding or providing false information, I must repay the cost of that assistance and may face criminal charges.
- I understand that only one person in each household is allowed to receive LIEAP benefits during the year, from only one government agency. I may not receive LIEAP from DCF and a Tribal entity in the same year.
- I understand that if my utility is a vendor that has entered to an agreement to received LIEAP payments electronically, my benefit will be sent directly to the vendor.
- I understand that I need to continue making regular payments to my energy provider and that any LIEAP benefits that may be received do not take the place of my responsibility to pay the vendor.
- I understand that only one LIEAP benefit will be issued each calendar year, but that benefit may be split between utility vendors, and this election may only be made once a year. Any additional payments that may be issued during the summer months will be issued in the same manner as the original winter issuance.
- I understand that I may appeal application processing that exceeds 45 calendar days after I have submitted complete information. I understand that I may appeal any decision and that my request must be made within 30 days of my denial or benefit notice.
- I authorize DCF or other designated agent to release application and benefit information to my energy vendors and community helping agencies.
- I authorize my energy vendor to release my account information, including but not limited to, billing and payment history and energy consumption to DCF, its designated agent, and Weatherization agencies.
- I authorize any investigation to establish my household's eligibility, including release of bank, payroll and/or other records from business and other organizations.
- I understand LIEAP is a federally-funded program. Benefits are based on the amount of federal funds received and could be terminated at any time in which funding is unavailable.
- I understand the completed application must be received by close of business on March 31st.

Signature

X

Signature of Adult living in the residence <i>(Person whose name is on the primary heating utility bill, if that person lives at the address)</i>	Date	Daytime Telephone
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X

Signature of Other Adult living in the residence or Conservator/Guardian	Date	Daytime Telephone
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X

Signature of Other Adult living in the residence or Conservator/Guardian	Date	Daytime Telephone
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Conservator/Guardian must provide copies of legal documentation