



# KANSAS LOW INCOME ENERGY ASSISTANCE APPLICATION

Mail to: LIEAP Processing Center, PO Box 175001, Kansas City, KS 66117

Fax to: 866-652-0715

Applications must be received by March 31, 2015

For questions, call toll-free: 800-432-0043



ES-3500  
09-14

**What is your:**

Home Telephone: \_\_\_\_\_ Message / Emergency Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. Did you apply for LIEAP last year?**  Yes  No

**3. Preferred language, if other than English:**

Written: \_\_\_\_\_ Spoken: \_\_\_\_\_ **Sign Language?**  Yes  No

4. Complete the information listed below for all persons who receive any money from:		Monthly Amount	Name of Person	For Office Use Only
WA	Gross Wages, Salaries, Tips, Commissions	\$		
	Hourly rate: _____ Hours per week: _____ How often paid: _____ Name and address of employer: _____			
WA	Gross Wages, Salaries, Tips, Commissions	\$		
	Hourly rate: _____ Hours per week: _____ How often paid: _____ Name and address of employer: _____			
WA	Gross Wages, Salaries, Tips, Commissions	\$		
	Hourly rate: _____ Hours per week: _____ How often paid: _____ Name and address of employer: _____			
		Monthly Amount	Name of Person	
SS	Social Security Administration Benefits			
SI	Supplemental Security Income (SSI)			
CS	Child Support/Alimony <b>(provide copy of court order)</b>			
CA	Temporary Assistance for Needy Families (TANF)			
UC	Unemployment Benefits			
SE	Self-Employment/Farm Income <b>(provide copy of complete tax return)</b>			
VA	Veteran's Administration (VA) Benefits <b>(provide copy of claim number)</b>			
RR	Railroad Retirement or Other Pensions			
IR	Interest Income greater than \$50 per month <b>(provide proof)</b>			
OT	Other <b>(please list &amp; provide proof)</b>			

**NOTE: You must provide proof of income. Please enclose pay stubs, employer statements, etc. for all income other than social security, SSI, TANF or UC.**

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**5. Is anyone on strike?**  Yes  No If yes, name of person: \_\_\_\_\_

**6. If you are currently in an emergency situation with your utilities, circle the letter of all that apply. You must enclose proof of past due or disconnect, otherwise the case will not be considered an emergency.**

- |          |   |
|----------|---|
| <b>A</b> | Your household is <b>currently disconnected</b> from utility service. Please list date of disconnect: _____                                       |
| <b>B</b> | You are out of or have very little propane or wood to operate your primary heating fuel source. Please list estimated percentage on hand %: _____ |
| <b>C</b> | You have received a past due notice.  |
| <b>D</b> | Your utilities will actually be disconnected within 48 hours. Please list date of disconnect: _____   |

**7. Are you currently able to use your main heating or cooling equipment? Circle all that apply.**

- |            |  |
|------------|--|
| <b>Yes</b> | You are able to use your main heating and cooling equipment.   |
| <b>No</b>  | You are not able to use your main heating and cooling equipment. (Please circle the appropriate letter below.)   |
|            | <ul style="list-style-type: none"> <li>a. You do not have service because you are not able to pay for restoration of electric or gas service.</li> <li>b. You do not have service because you are not able to pay for the delivery of a bulk fuel.</li> <li>c. The equipment is inoperable and you cannot afford to pay to have it fixed.</li> </ul> |

If you are currently in an emergency situation with your utilities, is someone in your household using one of the following medical life support equipment (dialysis machine, oxygen concentrator, intermittent positive pressure breathing machine, infant respiratory failure alarm) operated by electricity?  Yes  No

**8. Heating System. Circle the letter which best describes the heating system built into your home, even if currently not being used.**

- |          |                              |          |                           |
|----------|------------------------------|----------|---------------------------|
| <b>G</b> | Central Gas Furnace          | <b>F</b> | Floor or Wall Furnace     |
| <b>R</b> | Steam or Hot Water Radiators | <b>V</b> | Vented Freestanding Stove |
| <b>E</b> | Central Electric Furnace     | <b>S</b> | Solar Heating System      |
| <b>W</b> | Wood Stove or Fireplace      | <b>H</b> | Baseboard Heaters         |

Do you use this system?  Yes  No If no, why? \_\_\_\_\_  
Please list alternate system being used: \_\_\_\_\_

**9. Fuel Type. Circle the letter which describes the fuel used by the heating system built into your home.**

- |          |                                    |
|----------|------------------------------------|
| <b>G</b> | Natural Gas from Underground Lines |
| <b>E</b> | Electricity                        |

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<b>O</b>	Other (propane or bottled gas, kerosene, fuel oil, coal or wood). Please list type: _____ Name and federal tax number of wood vendor: _____
Name of utility vendor providing the fuel that heats your home: _____	

## 10. Fuel Bill. Circle the letter of the statement that describes how you pay your heating fuel bill.

<b>A</b>	The fuel bill is in your name or the name of another household member. Name: _____
<b>B</b>	Your heating cost is included in your rent. Landlord's name and telephone number: _____
<b>C</b>	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: _____
<b>D</b>	Your fuel bill is in the name of someone other than an adult household member or your landlord. Name and relationship: _____

11. Have you made payments on your energy costs in at least 3 of the last 4 months?  Yes  No  
(Provide proof of energy utility payments.)

If your utilities are included in the rent, have you paid rent in at least 2 of the last 3 months?  Yes  No  
(Provide proof of rent payments.)

If you have a credit on your utility bill, please list the amount of the credit: \$ \_\_\_\_\_

12. LIEAP Payment Options: Circle the letter below which indicates how you would like your benefit issued.

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

- |          |  |
|----------|--|
| <b>A</b> | Make all of my energy benefit payable to my heating vendor. <b>(Enclose a copy of heating bill.)</b>                 |
| <b>B</b> | Split my energy benefit (½ to my heating vendor and ½ to my electric vendor). <b>(Enclose a copy of both bills.)</b> |
| <b>C</b> | Make all of my energy benefit payable to my electric vendor. <b>(Enclose a copy of electric bill.)</b>               |

## 13. VENDOR INFORMATION:

The "primary heating fuel vendor" is the vendor that provides the fuel primarily used to heat your home. Please provide the vendor's name and your account number.

The "secondary fuel vendor" is the other energy provider that you would like to receive all or ½ of your LIEAP benefit.

Primary heating fuel vendor name: \_\_\_\_\_

Account number: \_\_\_\_\_

Secondary fuel vendor to be paid name: \_\_\_\_\_

Account number: \_\_\_\_\_

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**14. Please list the name of any helping agency or organization that helped you complete this application:**

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.

The Kansas Department for Children and Families provides equal opportunity in its services, activities and programs receiving federal financial assistance, regardless of the participant's race, color, national origin, sex or disability status.

## **READ THE FOLLOWING CAREFULLY AND CHECK EACH BOX BEFORE SIGNING THE BACK PAGE**

**YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!**

I hereby apply for LIEAP assistance from the State of Kansas administered by the 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.

***You're not finished yet! You must read and sign the back page.***

**READ THE FOLLOWING CAREFULLY AND CHECK EACH BOX BEFORE SIGNING**

**YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!**

- 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 which 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 utility 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 in the LIEAP Processing Center by close of business, on the last business day in March.

X

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Signature of Adult Household Member Date Daytime Telephone  
**(Person whose name is on the primary heating utility bill, if that person lives at the address.)**

X

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Signature of Other Adult Household Member or Conservator/Guardian Date Daytime Telephone

X

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Signature of Other Adult Household Member or Conservator/Guardian Date Daytime Telephone