


ENERGY ASSISTANCE/WEATHERIZATION APPLICATION INSTRUCTIONS:

1. Answer all questions.
2. If you need help with the application, call the office of Energy Assistance at 1-800-233-8503. Hearing Impaired TTY# 1-800-325-0778.
3. All adults sign and date the application form.
4. Attach verifications.

- **ATTACH** 
 - ⇒ **ONE COPY OF YOUR CURRENT HEATING BILL AND ELECTRIC STATEMENT**
 - ⇒ **PROOF OF THE PAST 3 FULL MONTHS OF GROSS INCOME FOR ALL PEOPLE IN THE HOME**
 - ⇒ **FOR SOCIAL SECURITY OR VA YOU MUST SEND A CURRENT AWARD LETTER.**
 - ⇒ **IF SELF-EMPLOYED, A COMPLETE COPY OF THE MOST RECENT TAX RETURN.**
 - ⇒ **PROOF OF CHILD SUPPORT PAID IN THE PAST 3 FULL MONTHS IF NOT PAID THROUGH THE STATE OF SOUTH DAKOTA**

5. Send the completed application to:

Office of Energy Assistance
910 E. Sioux Ave.
Pierre, SD 57501



YOUR APPLICATION WILL BE DENIED IF IT IS NOT SIGNED BY ALL ADULTS IN THE HOME OR IF YOU DO NOT SEND THE REQUIRED INFORMATION

ENERGY ASSISTANCE PROGRAM INFORMATION

Applications are always accepted. Priority is given to persons who are elderly or disabled.

WHAT DOES HEATING ASSISTANCE HELP WITH?

If you are responsible for paying your heat costs directly to an energy supplier:

- For **Natural Gas** and **Electric** heat, the amount of energy assistance you are approved for will be applied to unpaid heating charges from the regular meter read dates occurring within the time period October 1st through May 15th.
- For **Propane** and **Fuel Oil**, the amount of energy assistance you are approved for will be applied to unpaid heating charges resulting from fills occurring within the time period July 1st through April 30th.

Energy assistance may also be able to help if your heat is included in the cost of your rent or you pay your heat costs directly to your landlord in addition to your cost of rent. **NOTE: Heating Assistance CANNOT be used:** to pay heating bills for non-residential buildings such as a shop or business; to fill extra storage tanks; as a "credit" for fuel to be delivered after April 30th; or to reimburse a heating bill or expense that has already been paid.

THE ENERGY CRISIS INTERVENTION PROGRAM (ECIP)

You may qualify for **Energy Crisis Intervention assistance** if you are eligible to receive heating assistance and are in a crisis situation, such as:

- Have a shut-off or disconnection scheduled to occur between October 1st and March 31st;
- Are required to pay cash-on-delivery and have an empty or near empty fuel tank (less than 20%); or;
- Have an eviction notice for non-payment if heat is included in the rent.

WEATHERIZATION PROGRAM INFORMATION

WHAT IS WEATHERIZATION?

The weatherization program is designed to help low income households overcome the high cost of energy by making their homes more energy efficient. Priority is given to households with elderly and disabled individuals and to families with small children. The local community action agency is responsible for the weatherization program and they will perform an energy evaluation for determining your home's weatherization needs. For more information, contact the appropriate agency shown below-

Inter-Lakes – 1-800-896-4105 - Brookings, Clark, Codington, Deuel, Grant, Hamlin, Kingsbury, Lake, McCook, Miner, Minnehaha, Moody

Grow SD – 605-698-7654 - Beadle, Brown, Campbell, Day, Edmunds, Faulk, Hand, Hughes, Hyde, McPherson, Marshall, Potter, Roberts, Spink, Stanley, Sully, Walworth

ROCS – 1-800-793-3290 - Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Jones, Lincoln, Lyman, Mellette, Sanborn, Todd, Tripp, Turner, Yankton, Union

Western – 1-800-327-1703 - Bennett, Butte, Corson, Custer, Dewey, Fall River, Haakon, Harding, Jackson, Lawrence, Meade, Perkins, Shannon, Pennington, Ziebach

Right to a Fair Hearing. Any applicant of the Low Income Energy Assistance Program whose application for assistance is denied or who wishes to contest the amount of assistance granted, may request a Fair Hearing. The request must be made within 60 days of my denial or benefit notice. How to request a Fair Hearing. An applicant for LIEAP benefits may initiate the hearing process by filing a request with the Department of Social Services, Office of Administrative Hearings, 700 Governors Drive, Pierre, SD 57501-2291.

APPLICATION FOR ENERGY ASSISTANCE

TELL US YOUR ADDRESS

Print or type your information. The person completing the application is usually the person whose name is on the heating bill.

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>		
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Residence Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Home number</i>	<i>Message number</i>	<i>Work number</i>	<i>Cellular number</i>	

Your Email Address

If you wish to appoint an authorized representative to act on your behalf for the purpose of providing information necessary to determine your eligibility, please list the person's name, address and phone number below.

<u><i>Name</i></u>	<u><i>Address</i></u>	<u><i>Telephone Number</i></u>
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TELL US WHO LIVES IN THE HOME

Complete the information below for all persons living in your home including yourself. **Remember to list ALL people even if they are not related to you or are just temporarily living with you.** If you need more room, please attach another sheet. *RACE/ETHNICITY- list all that apply *W=White, A=Native American, B=Black, H= Hawaiian, O=Asian, S=Hispanic or Latino*

<i>Name of Household Members</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Race</i>	<i>Sex</i>	<i>Disabled</i>	<i>U.S. Citizen</i>
<i>First MI Last</i>						

FOR OFFICE USE ONLY

CID **Worker Name:**

TELL US ABOUT STUDENTS IN THE HOME

List all persons in the home who attend High School, College or Vo-Tech

Name of Student	High School		College/Vo-Tech	
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No

TELL US ABOUT CHILD SUPPORT EXPENSE

Does any person in the home pay child support to another household? Yes No
 If yes, list who pays it? _____
 Is payment made through the State of South Dakota? Yes No

If payment is NOT made through the State of South Dakota, Division of Child Support, please provide proof of the amount paid for the past 3 months.

TELL US ABOUT HEATING AND ELECTRIC SUPPLIER & RENT INFORMATION

Tell us about the home you live in and how it is heated. If your rent includes the cost of heat, you will need to provide the name and address of your landlord. If you do not know what type of heat your home uses, check with your landlord.

You must provide one recent heating bill or supplier statement.

****** MAIN HEATING SOURCE ******

Check the box next to your Main Heating Source:

Natural Gas Electric Propane/Bottled Gas Fuel Oil/Kerosene Wood Coal

Name of Supplier: _____ **If Propane or Fuel Oil, tank size:** _____

Address of Supplier: _____

Person's Name on the Bill: _____ Account number: _____

If your Main Heating Source is Electric, skip this section, if not, it is **MANDATORY** to complete the fields below OR provide a recent statement from your electric provider.

*Name of Supplier: _____

*Address of Supplier: _____

*Person's Name on the Bill: _____ *Account number: _____

Do you currently own or are buying your home? Yes No

If you rent your home, you must provide the following information:

Pick only one

I pay my heat bill to my landlord I pay my heat bill to my supplier My heat is included in my rent

Do you live in Subsidized, Low Income Housing (Section 8, Senior Housing, Public Housing) Yes No

Name of Landlord: _____

Landlord's Address: _____

Landlord's Phone Number: _____ Fax Number: _____

TELL US ABOUT INCOME

REPORT GROSS (amount before deductions) INCOME *Wages, *Self-employment, *Child Support, *Alimony, *Social Security, *SSI, *SSI State Supplement, *BIA GA, *TANF, *Unemployment, *Worker's Compensation, *Veteran's Benefits, *Retirement, *Pensions, *Annuities, *Rental Income, *Per Capita Income, *Prizes, *Money from Family or Friends, and *all other sources of income FOR ALL PERSONS IN THE HOME



PROVIDE PROOF: Examples of proof are

- ⇒ Money NOT from work: Award letters or copies of check stubs.
- ⇒ Money from work: wage stubs, employer statement verifying gross pay and date received. ⇒ Money from self-employment: copy of your most recent income tax return. (INCLUDE ALL PAGES AND SCHEDULES OF THE TAX RETURN) Partnership or S corporation should include a K-1 and 1065 forms.

If you send your application in:	Send verification of all income received in:	If you send your application in:	Send verification of all income received in:
APRIL	January 1 - March 31	OCTOBER	July 1 - September 30
MAY	February 1 - April 30	NOVEMBER	August 1 - October 31
JUNE	March 1 - May 31	DECEMBER	September 1 - November 30
JULY	April 1 - June 30	JANUARY	October 1 - December 31
AUGUST	May 1 - July 31	FEBRUARY	November 1 - January 31
SEPTEMBER	June 1 - August 31	MARCH	December 1 - February 28

Income month 1:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Income month 2:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Income month 3:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

To complete this form, review all information shown below, select who is completing application, and type your name to e-Sign the application.

- √ **I understand that it is my responsibility to provide proof of income and other requested information needed to determine eligibility for the program and that failure to provide this information will result in my application being denied.**
- √ **I understand that if I receive assistance which I am not entitled to as a result of providing false information; I must repay the cost of that assistance.**
- √ **I understand that a person is only allowed to receive LIEAP benefits in one home during the year from one agency. I may not receive State LIEAP and Tribal LIEAP in the same year.**
- √ **I understand that I am responsible for payment of any bills to my energy supplier that are not covered by the Low Income Energy Assistance Program.**
- √ **I understand that I have the right to appeal any decision made by the Office of Energy Assistance and that the request must be made within 60 days of my denial or benefit notice.**
- √ **I understand that if I move, I must report the change of address to the Office of Energy Assistance within 10 days of the move and that failure to do so will result in the closure of my case.**
- √ **I understand that if I am eligible for heating assistance my home may be subject to an energy audit for possible weatherization measures.**
- √ **I understand that by providing the account numbers for my household energy supplier(s) I am authorizing the energy provider(s) to provide details about the account and energy use to the Office of Energy Assistance for the purposes of program evaluation, reporting and analysis.**

By my signature, I certify, under penalty of perjury, the truth of the information contained in this application, including the information concerning citizenship and alien status I provided for all people in my home and I give my consent for any person, agency, or institution to supply information to the Department of Social Services about myself, my family and all other adult household members residing in the home and to allow inspection and copying of records about myself, my family and all other adult household members residing in the home by any representative of the Department. I also authorize the Office of Energy Assistance to openly discuss and share all information regarding my case with my Authorized Representative should I elect to appoint one.

A responsible household member or an individual who is knowledgeable about the household circumstances and is authorized by the applicant to act on behalf of the applicant must e-Sign this form. Please tell us who completed and is signing the form:

- I am the applicant.
- I am the Guardian/Conservator for the applicant.
- I am a Power of Attorney for the applicant.
- I am a person authorized to act on behalf of the applicant (Authorized Representative)

Please sign by typing your signature below:

I understand that an electronic signature has the same legal effect and enforceability as a written signature.

e-Signature

e-Signature Date

Please remember to either e-mail or mail your verifications to our office. See the first page of the instructions for more information.