LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM 2027

NEW CASTLE: 302-654-9295 ● **KENT**: 302-674-1782 ● **SUSSEX:** 302-856-6310

WINTER APPLICATION PERIOD August 1, 2026 - March 31, 2027

NAME: First _____Last _____ M.I.____ CODE: M WI

ADDRESS _____Apt./Lot # _____

(Required)
CITY _____ ZIP_____ PHONE #_____EMAIL_____

LIST ALL HOUSEHOLD MEMBERS (Including Boarders)

NOTE: Social Security card, AND Birth Certificate, AND Driver's License or ID is REQUIRED for EACH household member.

NAME Put your name in #1*	SEX	RACE	Disabled Y/N	SOCIAL SECURITY #	BIRTH DATE	U.S. Citizen/ Qualified Alien/ Other	RELATION TO YOU	MONTHLY INCOME
1.							SELF	
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Use an (X) to indicate your income and income of ALL other HOUSEHOLD members:
You MUST attach <u>CURRENT YEAR COMPLETE COPIES</u> of all documents *as proof of household income (Check or Bank statement; Pension statement, etc.).* ***Documents cannot be returned due to postage costs.***

___ Social Security/SS Disability
___ Supplemental Security Income
___ Pension/Retirement
___ Veteran's Benefits
___ Interest Paid Out
___ TANF / GA / CS / Other
___ Unemployment / Workers Comp.
___ Employment (include 3 MONTHS of CURRENT pay stubs)

Use an (X) to indicate the type of HEAT in your home:
You MUST attach <u>CURRENT COPIES</u> of your PRIMARY HEATING <u>AND</u> ELECTRIC bill.

___ Fuel Oil ___ Electric ___ Kerosene ___ Natural Gas ___ Propane ___ Wood or Pellets

ENERGY STATUS: __Out __Disconnected __ Disconnection Notice __Past Due Notice __ less than 25% Fuel

List your HEATING company _____ Account # _____

List your ELECTRIC company _____Account # _____

Name on your HEAT <u>and/or</u> ELECTRIC bill, if <u>NOT</u> a household member _____

The LIHEAP Application is Continued on the Next Page

LIHEAP Application Continued:

DWELLING: ___ Mobile Home ___ Single Family ___ Apartment ___Town/Row house

Do you ( ) <u>RENT</u> or ( ) <u>OWN</u> your home? How much do <u>YOU</u> pay in: RENT $_____ MORTGAGE $_____

***You Must Provide **Complete Current Copies** of your lease, subsidized rent recertification, a Landlord Verification form, or proof of home ownership.*

RENTERS: Is rent subsidized? ( ) YES ( ) NO; Is heat included in rent? ( ) YES ( ) NO;

Do you receive Food Stamps? ( ) YES ( ) NO

Are you interested in Weatherization? ( ) YES

I certify I have checked the information on this application, and it is true and correct. ● I agree to notify this LIHEAP service provider of any changes in this application within 10 days. ● I certify this is the only application submitted from or on behalf of my household. ● I understand it is against the law to make false statements, and I am subject to prosecution if I do. ● I understand the right to a fair hearing, if I am dissatisfied with the application process or eligibility decision. ● I authorize the Department of Health and Social Services (DHSS) and its LIHEAP service providers to obtain information about my utility/heating costs, usage and billing history from my vendor(s). ● I am the customer of record, the customer's authorized agent, or an authorized third party for the energy service account identified in this application, and I authorize my energy service provider to disclose my customer data: - Please note your energy service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking steps to ensure that the DHSS maintains the confidentiality of the data or uses the data as authorized by you. - You further agree to hold harmless and/or release your energy service provider from and against any claims, losses, demands, or liability of any kind caused by or allegedly caused by such data disclosure. ● I authorize this LIHEAP service provider to refer my application to programs within state agencies as deemed beneficial to my household. ● Eligibility for LIHEAP does not guarantee a benefit will be paid to your heating vendor.

X_____ **DATE:** _____

Signature

Please make sure you complete, sign, date, and attach all required documents.
If not complete, processing your application will be delayed, and you may not receive a benefit.

Funded by the United States Department of Health and Human Services through the Delaware Department of Health and Social Services, Division of State Service Centers, and the Office of Community Services (HHS/DHSS/DSSC/OCS).