



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AND UTILITY DISCOUNT PROGRAM (UDP) APPLICATION

Please complete the information below. Incomplete or missing information may result in denial or delay of your application. Please submit this application, **along with copies of your proof of income, social security cards for all household members, and gas, electric utility, phone, and water bills.**

1. Social Security # _____ 2. Date of Birth _____ 3. Application Date _____ 4. Gender: () Male () Female

5. Applicant Last Name _____ 6. Applicant First Name _____ 7. M.I. _____ 8. Contact Number _____

9. Street Address _____ 10. Apt # _____ 11. Zip Code _____ 12. Ward _____ 13. ANC _____

14. Is this a temporary address? Yes No

15. Type of dwelling: () Single Family () Multi-Family 16. Are you the homeowner? () Yes () No

17. Primary Heating Source: () Electric () Gas () Oil () Other _____ 18. Is heat included in your rent? () Yes () No

19. Pay this vendor [select one (1)]: PEPCO Washington Gas C&M Oil Griffith/Stuart Oil Other _____

20. Account Number: _____

21. Total Household Size: _____ 22. Total Annual Household Income: _____

Weekly Bi-Weekly Monthly Semi-Monthly Annually

23. Household member _____ SSN _____ Age _____ Disabled? _____ Income _____

24a. Household member _____ SSN _____ Age _____ Disabled? _____ Income _____

24b. Household member _____ SSN _____ Age _____ Disabled? _____ Income _____

25. PEPCO

Vendor Name _____ Electric Account # (Residential Aid Discount - RAD) _____ Billing Name _____

26. Washington Gas

Vendor Name _____ Gas Account # (Residential Essential Services - RES) _____ Billing Name _____

27. DC Water

Vendor Name _____ Water Account # (Customer Assistance Program - CAP) _____ Billing Name _____

Application Affirmation and Authorization to Verify Income:

28. I swear or affirm that all information on this application, and all information I submitted or will submit in support of this application, is true, correct and complete to the best of my knowledge, ability and belief. I understand that I can be penalized by fine and/or imprisonment for making false statements. My signature on this application grants DDOE permission to contact any parties necessary to verify the information that I have provided.

29. I understand that I will be notified in the event that energy assistance funding is no longer available or if this application is denied.

30. I hereby authorize the utility companies to release my account number and account information. This includes arrearage information for the purpose of allowing DDOE and entities acting on behalf of DDOE to assess the effectiveness of services provided to consumers by DDOE.

31. **Release:** I DO DO NOT hereby grant permission to DDOE to provide information in my file to utility companies and Eligible Telecommunications Carriers (ETCs) for rate classification purposes and marketing for the Utility Discount Programs (UDP) only, to other agencies and organizations from whom I may seek financial assistance, and for purposes of verification, research, evaluation and analysis.

Signature _____ Date _____

I understand that I am obligated to pay my utility bills, regardless of approval or disapproval of this application.





LIFELINE PROGRAM APPLICATION

NEW APPLICATION RECERTIFICATION

IN ORDER TO RECEIVE A DISCOUNT YOUR NAME MUST MATCH THE BILLING NAME ON THE ACCOUNT.

1. Social Security # 2. Date of Birth 3. Application Date 4. Gender: () Male () Female

5. Applicant Last Name 6. Applicant First Name 7. M.I. 8. Contact Number

9. Street Address 10. Apt # 11. Zip Code 12. Ward 13. ANC

14. Billing Address

15. Is this a temporary address? Yes No

16. Type of dwelling: () Single Family () Multi-Family 17. Total Household Size: _____

18. Total Annual Household Income: _____

Weekly Bi-Weekly Monthly Semi-Monthly Annually

Lifeline service is a federal benefit and purposely providing false statements on this application can result in fines, imprisonment, de-enrollment or permanent expulsion from the program. Only one Lifeline benefit is permitted per household for residents living at the same address who share income and expenses.

In order to continue receiving Lifeline service the Federal Communication Commission requires that you provide additional information; please see below. Failure to provide complete and accurate information may result in you not receiving discounted telephone service, or Lifeline service.

For Lifeline applicants only you must initial to certify under penalty of perjury that:

- 1: _____ I qualify because I meet the household income guidelines; or I qualify because I am currently receiving a benefit from (check all that apply): TANF SNAP (Food Stamps) Medicaid SSI LIHEAP
 Federal Public Housing Assistance (Section 8) National School Lunch Programs (Free Lunch Program)
(A household is defined as any individual or group of individuals who live together at the same address and share income and expenses)
- 2: _____ I am not currently, nor is anyone in my household receiving any other Lifeline service from Safelink, TracFone, or other phone service provider;
- 3: _____ I will notify the Eligible Telecommunications Carrier (ETC) within 30 days if I am no longer eligible for Lifeline based on my income or due to no longer receiving a benefit under TANF, SNAP (Food Stamps), Medicaid, SSI, LIHEAP, Federal Public Housing Assistance (Section 8), or the National School Lunch Programs (Free Lunch Program);
- 4: _____ I will notify the ETC within 30 days if another member of my household, including me, is receiving more than one Lifeline benefit, such as from Safelink, TracFone, or other phone service provider;
- 5: _____ I will notify the ETC within 30 days if I move to a new address;
- 6: _____ If I have provided a temporary address, I will verify this address every 90 days;
- 7: _____ I understand that providing false or fraudulent information to receive Lifeline service is punishable by law, and that I must recertify each year to continue receiving Lifeline service;
- 8: _____ I understand that failure to recertify will result in de-enrollment and termination of my discounted telephone service;
- 9: _____ Violations of the one-Lifeline-service-per-household rule will result in de-enrollment and conversion to flat rate telephone services; Lifeline is a non-transferable benefit; I understand that I may not transfer my Lifeline service to another person.

Release: I ___ DO ___ DO NOT hereby grant permission to DDOE to provide information in my file to utility companies and Eligible Telecommunications Carriers (ETCs) for rate classification purposes and marketing for the Utility Discount Programs (UDP) only, to other agencies and organizations from whom I may seek financial assistance, and for purposes of verification, research, evaluation and analysis.

I swear (or affirm) that all information on this application and submitted in support of this application, is true, correct and complete to the best of my ability, knowledge and belief. My signature on this application grants DDOE permission to contact any parties necessary to verify the information I have provided and to notify the utility companies of my eligibility.

Signature

Date

I understand that I am obligated to pay my telephone bills, regardless of approval or disapproval of this application.

DISTRICT
DEPARTMENT
OF THE
ENVIRONMENT



green forward