



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 the applicant's photo identification, household proof of income, social security cards for all household members, gas, electric, 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 Oil Other _____

20. Account Number: _____

21. Total Household Size: _____ 22. Total Household Income: _____
 Weekly Bi-Weekly Monthly Semi-Monthly Annually

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

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

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

See back to include additional household members.

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 _____

See back to complete application and provide signature.



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24c. Household member	SSN	DOB	Disabled?	Income
24d. Household member	SSN	DOB	Disabled?	Income
24e. Household member	SSN	DOB	Disabled?	Income
24f. Household member	SSN	DOB	Disabled?	Income
24g. Household member	SSN	DOB	Disabled?	Income

(Optional)

28. Primary Language: (circle one)

- Amharic
 Chinese (Mandarin or Cantonese)
 French
 Spanish
 Vietnamese

29. Email address: _____

Application Affirmation and Authorization to Verify Income:

30. 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 DOEE permission to contact any parties necessary to verify the information that I have provided.
31. I understand that I will be notified in the event that energy assistance funding is no longer available or if this application is denied.
32. I hereby authorize the utility companies to release my account number and account information. This includes arrearage information for the purpose of allowing DOEE and entities acting on behalf of DOEE to assess the effectiveness of services provided to consumers by DOEE.
33. **Release:** I ___ **DO** ___ **DO NOT** hereby grant permission to DOEE to provide information in my file to utility companies 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.

Report Fraud, Waste, Abuse, and Mismanagement to the District of Columbia Office of the Inspector General.
Confidential Toll Free Hotline: 1-800-521-1639 or 202-724-TIPS (8477). Email: hotline.oig@dc.gov

34. Signature _____

Date _____

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