

# FLORIDA Low Income Home Energy Assistance Program (LIHEAP) APPLICATION

*This application can also be completed online at [www.floridaliheap.com](http://www.floridaliheap.com) for faster processing*

## Application Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Service Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Utility Information

Primary Utility Provider \_\_\_\_\_ Account # \_\_\_\_\_  
Has the service been shut off for non-payment? ☐ No ☐ Yes ☐ Received Warning  
Non-Utility Provider \_\_\_\_\_ Energy Type \_\_\_\_\_  
Are you out of fuel or other energy source? ☐ No ☐ Yes ☐ Received Warning

## Housing & Benefits

**Do you:** ☐ Own ☐ Rent **If renting, utilities are:** ☐ Billed separately from rent ☐ Included in rent

**Check all benefits that anyone in your household currently receives:**

☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Temporary Assistance for Needy Families (TANF)  
☐ Supplemental Security Income (SSI) ☐ Previously received LIHEAP ☐ No one in my household is any of the programs listed

## Household Member Information (Applicant)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Disabled or history of disability? ☐ No ☐ Yes Sex? ☐ Male ☐ Female ☐ Choose not to respond

**Race/Ethnicity (check all that apply):**

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Hispanic or Latino, or Spanish Origins  
☐ Native Hawaiian or Other Pacific Islander ☐ Choose not to respond ☐ Other

**Citizenship:**

☐ Citizen of the United States ☐ Permanent Resident or green card holder ☐ Other qualified alien ☐ None of the above

**Number of people in your household:** \_\_\_\_\_

## Monthly Household Income

*Enter ALL income for household members (except minors) for last month. Enter GROSS amounts (before taxes/deductions).*

**Check all that apply and enter monthly amount:**

☐ Wages \$ \_\_\_\_\_  
☐ Self-employment \$ \_\_\_\_\_  
☐ Social Security \$ \_\_\_\_\_  
☐ Pensions \$ \_\_\_\_\_  
☐ Veteran Benefits \$ \_\_\_\_\_  
☐ Child support \$ \_\_\_\_\_  
☐ Interest and dividends \$ \_\_\_\_\_  
☐ Other countable income \$ \_\_\_\_\_  
☐ No income

## Required Documentation

The application requires copies of supporting documents - **please do not send originals as they cannot be returned.**

Required Documentation:

- Completed and signed application form
- Proof of identity for the primary applicant only
- Copy of latest utility bill. (For non-utility energy use like propane, provide your most recent bill or payment receipt.)
- Notice of disconnection of services or termination notices (if applicable)
- Benefits letters (if applicable)
- Documentation of all income received by all members of the household for the full month
- Copies of proof of citizenship status for all household members, such as birth certificates, passports, green cards, or immigration status letters.

*For additional information and FAQs, visit [floridaliheap.com](http://floridaliheap.com)*

## Terms & Conditions

- ☐ I confirm that all information and documents submitted with or in support of this application are accurate and complete to the best of my knowledge and I authorize verification of the information provided in this application.
- ☐ I understand that if I give false information or provide false documents, I may be breaking the law and could forfeit benefits and/or be criminally prosecuted.
- ☐ I am aware of the Low-Income Home Energy Assistance Program ("LIHEAP") rules, eligibility requirements, award guidelines and rights and responsibilities. View here: <https://short.promise-pay.com/x6F42>
- ☐ I authorize the State and my utility provider to provide Promise and/or a designated LIHEAP provider information that will assist with evaluating my eligibility for LIHEAP or related programs. The information provided may include benefits participation, and utility account information such as account holder name, address, balance, etc.
- ☐ I understand that Social Security numbers are used to verify eligibility for LIHEAP and are handled only for authorized purposes. Disclosure is strictly limited to legal, consented, or specific administrative uses. I acknowledge receipt of the full Notice of Collection of Social Security Numbers. View here: <https://short.promise-pay.com/EjUoM>
- ☐ If my application is approved, I authorize the designated agency to make benefit payments directly to my utility provider or other approved, non-utility vendor and to collect any overpayments.
- ☐ I want to receive live and automated phone calls and/or text messages from a designated LIHEAP provider and Promise regarding my application and related matters.
- ☐ I want to receive Promise Account Messages and accept message and data rates that apply. Message frequency varies. I can text STOP to cancel or call your designated LIHEAP provider for help. View here: <https://short.promise-pay.com/SIKSx>
- ☐ If an email was provided, I want to receive email communication from a designated LIHEAP provider and Promise regarding my application and related matters.
- ☐ I agree to Promise's Terms of Use: <https://short.promise-pay.com/GStU4>  
Consent to Electronic Communications: <https://short.promise-pay.com/Gm25W>  
Privacy Policy: <https://short.promise-pay.com/LJhCt>

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed application and ALL documentation to your local  
LIHEAP provider's office**

### Additional Household Members

Please use the table below. Enter the required information and submit all necessary documents for each household member.

[illegible]