

COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD
 Please complete all items and questions and attach required proof.
 An incomplete application will delay assistance.

For Office Use Only

PERSONAL INFORMATION SECTION

Instructions for this section:

Enter the information completely.

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

Client Number									

PRIMARY APPLICANT/UTILITY ACCOUNT HOLDER (must live in the home)

Please Print or Type	First Name	M. I.	Last Name		Social Security Number				
	Current Service Address (no. and street, including route)				Apartment/Lot/Unit/Floor				
	City		State	Zip code		Ohio County			
	Daytime Telephone including Area Code ()		Date of Birth Mo. Day Yr.		Email Address				
	Current Mailing Address (if different from above)				Apartment/Lot/Unit/Floor				
	City		State	Zip code		Ohio County			

- How would your household prefer to be contacted? Postal Mail Email
- Check the box that most closely describes the type of building in which you live. (Check only one)
 Mobile Home Multi-family High-rise (4 stories or more) Multi-family Low-rise (3 stories or less) Single-Family

INCOME SECTION

Instructions for this section:

PLEASE READ THESE INSTRUCTIONS CAREFULLY. Enter the information completely. Including yourself, list the names, relationships, Social Security number(s), date(s) of birth, and gross income of everyone living in your household. **Attach proof of income, disability and citizenship/alien status – see citizenship section.** Use a separate sheet if necessary. **Failure to provide the required income documents for at least the previous 90 days will delay the processing of your application.**

For the "Income Source" box, tell us how the income is earned. For the "Last 3 Mo." and "Last 12 Mo." boxes, follow these guidelines:

- Use only numbers
- Anyone younger than 18, write in "0" unless income is earned from SSI or SSDI
- Anyone 18 or older with no income, write in "0" and provide an explanation on the next page
- If you list a name, do not leave any of the boxes next to that name blank

Household Members	Relationship to You (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source	Last 3 Mo.	Last 12 Mo.	Disabled?	U.S. Citizen?
	Self						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

UTILITY ACCOUNT INFORMATION

Instructions for this section:

Fill out this section completely, answering every question. Tell us your utility information including the name of your utility company and your utility account number. Include a copy of your most recent utility bill.

6) What is your main source of heat? (Check only one)

- Bottle Gas or Propane (L.P. Gas)
 Coal, Wood or Pellets
 Electric
 Fuel oil or Kerosene
 Natural Gas
 Other _____

Percentage of Income Payment Plan Plus (PIPP Plus) enrollment and re-verification (Please see front page for PIPP Plus description)

Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. A copy of your most recent fuel or heating bill from your current address must be included and should be in the name of the primary applicant.

Complete the section below with your electric company name and account number. A copy of your most recent electric bill from your current address must be included and should be in the name of the primary applicant.

Main Heating Source (Same source as Question 6.)

- Are you currently enrolled in PIPP Plus?
 If yes, do you want to re-verify household income for eligibility?
- If no, would you like to enroll in PIPP Plus?
 If you are currently enrolled in PIPP Plus, would you like to be removed? (if you drop, you will be responsible for any remaining account balance.)

Electric

- Are you currently enrolled in PIPP Plus?
 If yes, do you want to re-verify household income for eligibility?
- If no, would you like to enroll in PIPP Plus?
 If you are currently enrolled in PIPP Plus, would you like to be removed? (if you drop, you will be responsible for any remaining account balance.)

Company/Vendor

Company/Vendor

Account #

Account #

7) Are your heating costs included in your rent?

10) Is your electricity included in your rent?

8) Is the name on your heating bill different from the Applicant's name? If yes, what name.

11) Is the name on your electric bill different from the Applicant's name? If yes, what name.

First: Last:

First: Last:

9) Do you share a main heating source meter with another household?

12) Do you share an electric meter with another household?

INFORMATION ABOUT YOUR HOME

Instructions for this section:

Provide us with information about your home. Fill in every box completely.

13) Do you rent or own your home? Rent Own (Buying) skip to question 17.

14) Landlord's Name

Address

Telephone Number

15) Do you rent a room in someone else's home? If yes, please list all household member information in INCOME SECTION.

16) Do you receive rental assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)?

17) Has your household received weatherization services from any other program? (for example, a utility program)?
If yes, which program?

ABOUT YOU

Instructions for this section:

Tell us, as defined by the U.S. Bureau of Indian Affairs, how many (if any) American Indians are living in your household. If zero, please write 0 in the box below.

18) Number of American Indians in the household (as defined by the U.S. Bureau of Indian Affairs).

Zero Income Self-Declaration Form

ALL HOUSEHOLD MEMBERS 18 AND OLDER MUST PROVIDE AN IRS TAX TRANSCRIPT TO REQUEST A COPY PLEASE CALL 1-800-908-3346

Instructions for this section:

For individuals 18 or older in your household with zero income who are being supported by another household member, use this section to tell us who is providing support

First Name	M.I.	Last Name	Supported By

Instructions for this section:

If you are receiving help paying your bills from a non-household member, list their name(s) and phone number(s), also include a signed statement from that person(s). The statement should note how much and how often the money is given to you, loaned to you, or paid directly to your creditors.

First Name	Last Name	Telephone Number (include area code)

Explain how the person noted above pays the following expenses. (Write N/A to any that do not apply)

Bill	Monthly Amount	Gift/Loan/Paid Directly to Creditor
Rent/Mortgage	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Creditor
Food	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Creditor
Gas	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Creditor
Electric	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Creditor
Phone/Cell	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Creditor
Car Payment/Insurance	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Creditor
Cable/Internet	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Creditor
Personal Expenses	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Creditor
Bulk Fuel (propane, fuel oil/coal)	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Creditor
Other Expenses	\$	<input type="checkbox"/> Gift <input type="checkbox"/> Loan <input type="checkbox"/> Creditor

Does your household receive any of the following?	Yes or No	Amount
Food Stamps		\$
Rental Assistance (section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) — Please note if this is paid directly to the utility company		\$

Please have person paying expenses listed above provide a written and signed statement below (this may also be done on a separate sheet of paper). If more than one person is paying expenses, have him/her submit a separate sheet of paper.

Sign and Date _____