LOW-INCOME ENERGY ASSISTANCE APPLICATION INSTRUCTIONS

1. Answer all questions.
2. If you need help with the application, call the office of Energy Assistance at 800.233.8503. Hearing Impaired TTY# 800.325.0778.
3. Applicant sign and date the application form.
4. Attach verifications.
5. Eligibility determinations can take up to 60 days, check status any time by calling 800-233-8503 and Press option 1

ATTACH:

- One copy of your current heating bill and electric statement.
- Proof of the past 3 full months of gross income for all people in the home.
- For Social Security or VA you must send a current award letter.
- If self-employed, a complete copy of the most recent tax return.
- Proof of child support paid in the past 3 full months if not paid through the state of South Dakota.

5. Send the completed application to:

Office of Energy Assistance
700 Governors Drive
Pierre, SD 57501
or
e-mail: dssheat@state.sd.us
or
APPLY ONLINE

NOT SIGNING THE APPLICATION OR NOT INCLUDING ALL REQUIRED INFORMATION WILL RESULT IN A DELAY DETERMINING EILIGIBILITY.

PLEASE KEEP THIS PAGE FOR YOUR INFORMATION

ENERGY ASSISTANCE PROGRAM INFORMATION

Click here for Energy Saving Tips

WHAT DOES HEATING ASSISTANCE HELP WITH?

If you are responsible for paying your heat costs directly to an energy supplier:

- For **Natural Gas** and **Electric** heat, the amount of energy assistance you are approved for will be applied to unpaid heating charges from the regular meter read dates occurring within the time period October 1st through May 15th.
- For **Propane** and **Fuel Oil**, the amount of energy assistance you are approved for will be applied to unpaid heating charges resulting from fills occurring within the time period July 1st through April 30th.

Energy assistance may also be able to help if your heat is included in the cost of your rent or you pay your heat costs directly to your landlord in addition to your cost of rent. **NOTE: Heating Assistance CANNOT be used:** to pay heating bills for non-residential buildings such as a shop or business; to fill extra storage tanks; as a "credit" for fuel to be delivered after April 30th; or to reimburse a heating bill or expense that has already been paid.

THE ENERGY CRISIS INTERVENTION PROGRAM (ECIP)

You may qualify for **Energy Crisis Intervention assistance** if you are eligible to receive heating assistance and are in a crisis situation, such as:

- Have a shut-off or disconnection scheduled to occur between October 1st and March 31st;
- Are required to pay cash-on-delivery and have an empty or near empty fuel tank (less than 20%); or;
- Have an eviction notice for non-payment if heat is included in the rent.

WEATHERIZATION PROGRAM INFORMATION

WHAT IS WEATHERIZATION?

The weatherization program is designed to help low-income households overcome the high cost of energy by making their homes more energy efficient. Priority is given to households with elderly and disabled individuals and to families with small children. The local community action agency is responsible for the weatherization program, and they will perform an energy evaluation for determining your home's weatherization needs. For more information, contact the appropriate agency shown below:

Inter-Lakes - 800.896.4103 - Brookings, Clark, Codington, Deuel, Grant, Hamlin, Kingsbury, Lake, McCook, Miner, Minnehaha, Moody
Grow SD - 605.698.7654 - Beadle, Brown, Campbell, Day, Edmunds, Faulk, Hand, Hughes, Hyde, McPherson, Marshall, Potter, Roberts, Spink, Stanley, Sully, Walworth
ROCS - 605.384.3883 - Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Jones, Lincoln, Lyman, Mellette, Sanborn, Todd, Tripp, Turner, Yankton, Union
Western - 605.348.1460 - Bennett, Butte, Corson, Custer, Dewey, Fall River, Haakon, Harding, Jackson, Lawrence, Meade, Perkins, Shannon, Pennington, Ziebach

Right to a Fair Hearing.

Any applicant of the Low-Income Energy Assistance Program whose application for assistance is denied or who wishes to contest the amount of assistance granted, may request a Fair Hearing. The request must be made within 60 days of my denial or benefit notice. How to request a Fair Hearing. An applicant for LIEAP benefits may initiate the hearing process by filing a request with the Department of Social Services, Office of Administrative Hearings, 700 Governors Drive, Pierre, SD 57501-2291.

APPLICATION FOR ENERGY ASSISTANCE

Print or type your information. The person completing the application is usually the person whose name is on the heating bill.

First Name	**Middle Initial**	**Last Name**		
Mailing Address	**City**	**State**	**Zip Code**	**County**
Residence Address	**City**	**State**	**Zip Code**	**County**
Contact number	Do you currently own or rent your home? ☐ Own ☐ Rent			
Your Email Address				

If you wish to appoint an authorized representative to act on your behalf for the purpose of providing information necessary to determine your eligibility, please list the person's information below.

Name: Address: Phone #: e-mail:

TELL US WHO LIVES IN THE HOME

Complete the information below for **all persons living in your home including yourself**. Remember to list ALL people even if they are not related to you or are just temporarily living with you. If you need more room, please attach another sheet.

*RACE- **list all that apply- W**=White, **A**=Native American, **B**=Black, **H**= Hawaiian, **O**=Asian, **S**=Hispanic or Latino

Name of Household Members First MI Last	***Social Security Number***	***Date of Birth***	***Race****	***Sex***	***Disabled***	***U.S. Citizen***

FOR OFFICE USE ONLY

CID **Worker Name:**

TELL US ABOUT STUDENTS IN THE HOME

List all persons in the home who attend High School, College or Vo-Tech

Name of Student	High School	College/Vo-Tech
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No

TELL US ABOUT CHILD SUPPORT EXPENSE

Does any person in the home pay child support to another household? ☐ Yes ☐ No

If yes, list who pays it?_____

Is payment made through the State of South Dakota? ☐ Yes ☐ No

If payment is NOT made through the State of South Dakota, Division of Child Support, please attach proof of the amount paid for the past 3 months.

TELL US ABOUT HEATING AND ELECTRIC SUPPLIER & RENT INFORMATION

☐ **I pay my heat bill to my landlord in addition to rent** – complete Heating, Electric and Landlord sections below

☐ **I pay my heat bill to my supplier**- complete Heating, Electric, and if renting Landlord sections below

Select Main Heating Source (check one)

☐ **Natural Gas -** Enclose a copy of your current gas bill.

☐ **Electric -** Enclose a copy of your current electric bill.

☐ **Propane/Bottled Gas -** Include a fill ticket, monthly statement or a note from your supplier.

☐ **Fuel Oil/Kerosene -** Include a fill ticket, monthly statement or a note from your supplier.

☐ **My heat is included in my rent**- must complete Landlord section-skip main heat and electric.

☐ **Wood** ☐ **Coal**

If Heat Included in Rent, Wood or Coal- Do you have a checking or savings account? ☐ Yes ☐ No.

If yes, you will need to provide a voided check or a letter from your financial institution with your account and routing number.

The payment for Heat in Rent, Wood, or Coal will be either direct deposited or put on an EPC card for you. Further information will be sent to you during the application process.

**** MAIN HEATING SOURCE ****

Name of Heating Supplier: **If Propane or Fuel Oil, tank size:**

Person's Name on the Bill: Account number:

**** ELECTRIC PROVIDER ****

If your Main Heating Source is Electric or your heat is included in your rent, you can skip this section. If your heat Is NOT Electric, it is **mandatory** that you complete the fields below.

*Name of Supplier:

*Person's Name on the Bill: *Account number:

**** LANDLORD/RENTER ****

Do you live in Subsidized, Low Income Housing (Section 8, Senior Housing, Public Housing) ☐ Yes ☐ No

Landlord Business Name: Apartment Name:

Contact Name: e-mail:

Contact Number:

TELL US ABOUT INCOME

PROVIDE PROOF: Examples of proof are-
- Money NOT from work: Award letters or copies of check stubs.
- Money from work: wage stubs, employer statement verifying gross pay and date received.
- Money from self-employment: copy of your most recent income tax return. (INCLUDE ALL PAGES AND SCHEDULES OF THE TAX RETURN) Partnership or S corporation should include a K-1 and 1065 forms.
- DO NOT send bank statements as those are not acceptable forms of proof

REPORT GROSS (amount before deductions) INCOME *Wages, *Self-employment, *Child Support, *Alimony, *Social Security, *SSI, *SSI State Supplement, *BIA GA, *TANF, *Unemployment, *Worker's Compensation, *Veteran's Benefits, *Retirement, *Pensions, *Annuities, *Rental Income, *Per Capita Income, *Prizes, *Money from Family or Friends, and *all other sources of income FOR ALL PERSONS IN THE HOME

If you send your application in:	Send verification of all income received in:	If you send your application in:	Send verification of all income received in:
APRIL	January 1 - March 31	**OCTOBER**	July 1 - September 30
MAY	February 1 - April 30	**NOVEMBER**	August 1 - October 31
JUNE	March 1 - May 31	**DECEMBER**	September 1 - November 30
JULY	April 1 - June 30	**JANUARY**	October 1 - December 31
AUGUST	May 1 - July 31	**FEBRUARY**	November 1 - January 31
SEPTEMBER	June 1 - August 31	**MARCH**	December 1 - February 28

List Income Information (SEND PROOF WITH APPLICATION):

Person(s) with Income:	**List type of income:**

Do all household members receive SNAP: ☐ **YES** ☐ **NO**

Would you like to Register to Vote?

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

☐ **Yes** ☐ **No** **If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

If you do not check either box, you will be considered to have decided NOT to register to vote at this time. (Failure to check either box is deemed a declination to register for purposes of receiving assistance in registration but is not deemed a written declination to receive an application. If you do not check either box, you will be provided a voter registration form that you may complete at your convenience.)

If you register to vote, the information regarding the office to which the voter registration form was submitted will remain confidential and be used only for voter registration purposes. If you do not register to vote, this decision will remain confidential and be used only for voter registration purposes. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the South Dakota Secretary of State, 500 E Capitol, Pierre SD 57501, (605) 773-3537.

To complete this form, review all information shown below, select who is completing application, and type your name to e-Sign the application.

- √ **I understand that it is my responsibility to provide proof of income and other requested information needed to determine eligibility for the program and that failure to provide this information will result in my application being denied.**
- √ **I understand that if I receive assistance which I am not entitled to as a result of providing false information; I must repay the cost of that assistance.**
- √ **I understand that a person is only allowed to receive LIEAP benefits in one home during the year from one agency. I may not receive State LIEAP and Tribal LIEAP in the same year.**
- √ **I understand that I am responsible for payment of any bills to my energy supplier that are not covered by the Low Income Energy Assistance Program.**
- √ **I understand that I have the right to appeal any decision made by the Office of Energy Assistance and that the request must be made within 60 days of my denial or benefit notice.**
- √ **I understand that if I move, I must report the change of address to the Office of Energy Assistance within 10 days of the move and that failure to do so will result in the closure of my case.**
- √ **I understand that if I am eligible for heating assistance my home may be subject to an energy audit for possible weatherization measures.**
- √ **I understand that by providing the account numbers for my household energy supplier(s) I am authorizing the energy provider(s) to provide details about the account and energy use to the Office of Energy Assistance for the purposes of program evaluation, reporting and analysis.**

By my signature, I certify, under penalty of perjury, the truth of the information contained in this application, including the information concerning citizenship and alien status I provided for all people in my home and I give my consent for any person, agency, or institution to supply information to the Department of Social Services about myself, my family and all other adult household members residing in the home and to allow inspection and copying of records about myself, my family and all other adult household members residing in the home by any representative of the Department. I also authorize the Office of Energy Assistance to openly discuss and share all information regarding my case with my Authorized Representative should I elect to appointone.

A responsible household member or an individual who is knowledgeable about the household circumstances and is authorized by the applicant to act on behalf of the applicant must e-Sign this form. Please tell us who completed and is signing the form:

- ☐ I am the applicant.
- ☐ I am the Guardian/Conservator for the applicant.
- ☐ I am a Power of Attorney for the applicant.
- ☐ I am a person authorized to act on behalf of the applicant (Authorized Representative)

Please sign by typing your signature below:

I understand that an electronic signature has the same legal effect and enforceability as a written signature.

Signature

Signature Date

Please remember to either e-mail or mail your verifications to our office. See the first page of the instructions for more information.