



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. Citizenship: _____
5. Gender: () Male () Female

6. Applicant Last Name _____ 7. Applicant First Name _____ 8. M.I. _____ 9. Phone Number: *Circle one: Home Cell Work*

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

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 _____ Citizenship _____

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

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

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.

