

DISTRICT DEPARTMENT OF THE ENVIRONMENT/ENERGY OFFICE District of Columbia Government

ENERGY ASSISTANCE APPLICATION

UDP

LIHEAP

Check boxes that apply:

Utility Discount Programs

Low Income Home Energy Assistance Program

Please complete the information below. Missing information will cause delay in processing your application.

Please return this application, **along with copies of information that provide proof of income and copies of all utility bills (e.g., electric, gas, telephone and/or water)**, in the enclosed envelope. **If you are applying for the telephone discount (ECON II), you must show proof of age if you are age 65 or over.**

Social Security #	Date of Birth	Application Date	() Male	() Female
Last Name	First Name	M.I.	Day Phone #	
Street Address	Quadrant	Apt. #	Zip Code	Ward ANC
Household members by age: ___ 2-under ___ 3-5 ___ 6-18 ___ 19-59 ___ 60+ ___ Disabled				
Household size: ___ Total annual household income: \$ _____ Is heat included in your rent? Yes () No ()				
Type of dwelling: () Single family () Multi-family Are you the home owner? Yes () No ()				

Electric Account #	Vendor	Billing Name
Gas Account #	Vendor	Billing Name
Water Account #	Vendor	Billing Name
(202) _____ Verizon Land Line	Vendor	Billing Name
Home Heating Oil/Other:	Vendor	Billing Name

Application affirmation and authorization to verify income:

1. 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 ability, knowledge and belief. I understand that I can be penalized by fine and/or imprisonment for making false statements. My signature on this application grants permission to contact any parties necessary to verify the information that I have provided.
2. I understand that I will be notified by mail in the event that energy assistance funding is no longer available or this application is denied.
3. I herein grant permission to the District Department of the Environment/Energy Office to provide information in my file to utility companies for rate classification purposes and to other agencies and organizations from whom I may seek financial assistance, and for purposes of research, evaluation and analysis.
4. I hereby authorize the utility companies to release my account number and account information as it relates to consumption, credit and payment information, including arrearage information for the purpose of allowing DDOE/EO and entities acting on behalf of DDOE/EO to assess the effectiveness of services provided to consumers by DDOE/EO.
5. **I understand that I am obligated to pay my utility bills, regardless of approval or disapproval of this application**

Applicant's Signature