



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) & 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 photo identification, household proof of income, social security cards for all household members, gas, electric, and water bills.**

Application Date	1. Social Security #	2. Date of Birth	3. Citizenship	4. Gender
5. Applicant Last Name	6. Applicant First Name	7. M.I.	8. Contact Number	
9. Street Address	10. Apt #	11. Zip Code	12. Ward	13. ANC
14. Is this a temporary address? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Email		
16. Type of dwelling: () Single Family () Multi-Family		17. Are you the homeowner? () Yes () No		

18. Primary Heating Source: () Electric () Gas () Oil () Other	19. Is heat included in your rent? () Yes () No
20. Pay this vendor [select one (1)]: <input type="checkbox"/> PEPCO <input type="checkbox"/> Washington Gas <input type="checkbox"/> C&M Oil <input type="checkbox"/> Griffith Oil <input type="checkbox"/> Other	
21. Account Number:	

22. Total Household Size:	23. Total Household Income:
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Annually

24a. Household member	SSN	DOB	Disabled?	Income	Citizenship
24b. Household member	SSN	DOB	Disabled?	Income	Citizenship
24c. 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
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26. **Washington Gas**

Vendor Name	Gas Account # (Residential Essential Services - RES)	Billing Name
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27. **DC Water**

Vendor Name	Water Account # (Customer Assistance Program - CAP)	Billing Name
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See back to complete application and provide signature.



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24d. Household member	SSN	DOB	Disabled?	Income	Citizenship
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24e. Household member	SSN	DOB	Disabled?	Income	Citizenship
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24f. Household member	SSN	DOB	Disabled?	Income	Citizenship
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24g. Household member	SSN	DOB	Disabled?	Income	Citizenship
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24h. Household member	SSN	DOB	Disabled?	Income	Citizenship
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(Optional)

28. Primary Language:

☐ English ☐ Amharic ☐ Chinese ☐ French ☐ Spanish ☐ Vietnamese ☐ Korean ☐ Other _____

29. I am interested in learning more about programs for: ☐ Weatherization ☐ Solar

Application Affirmation and Authorization to Verify Income:

30. 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 knowledge, ability and belief. I understand that I can be penalized by fine and/or imprisonment for making false statements. My signature on this application grants DOEE permission to contact any parties necessary to verify the information that I have provided.

31. I understand that I will be notified in the event that energy assistance funding is no longer available or if this application is denied.

32. I hereby authorize the utility companies to release my account number and account information. This includes arrearage information for the purpose of allowing DOEE and entities acting on behalf of DOEE to assess the effectiveness of services provided to consumers by DOEE.

33. I hereby grant permission to DOEE to provide information in my file to utility companies for rate classification purposes and marketing for the Utility Discount Programs (UDP) only, to other agencies and organizations from whom I may seek financial assistance, and for purposes of verification, research, evaluation and analysis.

34. I hereby grant permission to DOEE to provide me with information about programs for which I may also be eligible.

Report Fraud, Waste, Abuse, and Mismanagement to the District of Columbia Office of the Inspector General.
Confidential Toll Free Hotline: 1-800-521-1639 or 202-724-TIPS (8477). Email: hotline.oig@dc.gov

For more information on how your LIHEAP benefit is calculated, visit doee.dc.gov/liheap. If you disagree with DOEE's decision, you may appeal the decision by contacting the District's Office of Administrative Hearings (OAH) by calling 311.

34. Signature

Date

I understand that I am obligated to pay my utility bills, regardless of approval or disapproval of this application.

Request free energy-efficient repairs and new appliances

The DC Department of Energy and Environment (DOEE) can fix an emergency break and help reduce your home's heating, cooling, and electricity costs.

Determine if you're eligible.

- | | |
|--|---|
| ✓ I live in a home in DC that I rent or own. | ✓ My home is not in foreclosure. |
| ✓ My household receives Low Income Home Energy Assistance Program (LIHEAP), Temporary Assistance for Needy Families (TANF), or Supplemental Security Income (SSI). | ✓ If I'm requesting Emergency Mechanical Systems replacement, I live in a building or house with 4 units or less. |

What can we help you with? *Check all that apply.*

- ☐ **Emergency Mechanical Systems Replacement** – I'm experiencing an emergency with my central air conditioning, heating system, hot water tank, or chimney that needs to be repaired or replaced within the next few days.
- ☐ **Weatherization** – My home could use repairs like insulation and duct sealing to protect it from the cold, heat, rain, or wind and/or new appliances that use less energy.

Tell us about yourself.

Need Emergency Mechanical Replacement?
We recommend also asking for Weatherization!

Full name:

Do you rent or own your home? ☐ Own ☐ Rent. *Your landlord will need to give their permission.*

Residential Address: Unit: Washington, DC ZIP:

DC Ward: Email: Phone:

What is the primary language spoken in your home? ☐ English ☐ Español ☐ Français ☐ 普通话
☐ 한국어 ☐ Tiếng Việt ☐ አማርኛ ☐ _____

Tell us about your home.

Does your home have any roof leaks or structural damage?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
What type of heating system does your home have?	<input type="checkbox"/> Furnace (vents)	<input type="checkbox"/> Boiler (radiator) <input type="checkbox"/> Heat pump
What type of cooling system does your home have?	<input type="checkbox"/> None	<input type="checkbox"/> Window air conditioner <input type="checkbox"/> Central air <input type="checkbox"/> Other
Which of the following health conditions do your household members have?	<input type="checkbox"/> Asthma	<input type="checkbox"/> Year-round allergies <input type="checkbox"/> Other respiratory condition(s)
Has your home been tested for lead-based paint?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, results were negative <input type="checkbox"/> Yes, results were positive <input type="checkbox"/> I don't know
Is there any discomfort in your home due to the air quality?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. Tell us more:
Has your home been tested for radon?	<input type="checkbox"/> No	<input type="checkbox"/> I don't know <input type="checkbox"/> Yes. Tell us when:
Is the basement or crawl space below your home frequently damp or wet?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> I don't have a basement/crawl space
Do you experience high humidity in your home at any time of year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. Where and what time of year:
Does your home have mold or mildew?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does your kitchen have an exhaust fan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does your bathroom have an exhaust fan?	<input type="checkbox"/> No	<input type="checkbox"/> Some <input type="checkbox"/> Yes, all bathroom(s)

Please sign telling us you agree to these terms.

I swear or affirm I am an adult, and 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 knowledge, ability, and belief. I understand I can be penalized by fine and/or imprisonment for making false statements. My signature on this application grants DOEE permission to contact any government entity, business, or person DOEE deems necessary to verify the information I have provided.

I authorize the utility companies to release my account number and account information. This includes debt information.

I authorize DOEE to provide information collected for this application to United States Department of Energy, United States Department of Health and Human Services, utility companies, other District of Columbia agencies, and organizations for purposes of verification, financing, services, research, evaluation, and analysis.

I agree to the following statements:

- I understand that if I don't own this home, then the equipment, materials, and supplies installed through this service will be owned by the homeowner.
- **I allow DOEE and its representative(s) to inspect the home during and after installation to ensure the work is done properly.**
- I allow DOEE and its representative(s) to access and/or receive copies of my electric, water, gas, and oil bills for any portion of the 24 months before installation and 24 months after installation.
- DOEE has my permission to provide the information it receives or collects for the services, equipment, materials, and supplies to its contractors, grantees, subgrantees, utility companies, and federal and DC Government agencies for the purposes of program implementation, analysis, or meeting federal requirements.
- I understand this application is only for the services, equipment, materials, and supplies I requested.
- I understand this application does not guarantee I will receive anything.

Your signature: _____

Date: _____

If you are not the homeowner, please tell us about them.

Homeowner full name:

Mailing Address:

Unit:

City:

State:

ZIP:

Email:

Phone:

Attach supporting documents.

If you are requesting Weatherization services, please attach copies of your:

- Most recent bank statements
- Most recent mortgage statement (if applicable)
- Proof of homeowner's or renter's insurance
- Most recent utility bills (including gas, water, and/or electric)

If you're in need of Emergency Mechanical Replacement, you do not need to attach documents, but your appliance must be completely inoperable.

What happens next?

Emergency Mechanical Replacement

1. You'll get a call within one business day of when we receive your application.
2. A nonprofit will check out your home's broken system at a scheduled time.
3. The nonprofit will arrange the work to be done within 3 business days. All payment is handled by DC Government.

Weatherization

1. You'll get a call within one business day of when we receive your application.
2. DC Government will check out your home at a scheduled time to develop a list of projects to make your home more energy efficient.
3. A nonprofit will arrange the work to be done within 21 business days and pay the contractor directly.



LEAD REDUCTION PROGRAM APPLICATION

How did you hear about the program?

- ☐ Letter from Lead-Safe and Healthy Housing Division
- ☐ Community-Based Organization: _____
- ☐ DC Agency Referral: _____
- ☐ Other (specify): _____

Return with attachments to:

DOEE Attn: Lead Reduction Program
1200 First Street NE, 5th Floor
Washington, DC 20002

Property Owner Information

Name of Owner(s) _____ First _____ Middle Initial _____ Social Security Number _____

Address of Owner _____ City _____ State _____ Zip _____

Phone: _____ ☐ Work ☐ Home ☐ Cell E-mail _____

Head of Household

Name of Head of Household _____ First _____ Middle Initial _____ Social Security Number _____

Address of Property _____ City _____ State _____ Zip _____

Phone: _____ ☐ Work ☐ Home ☐ Cell E-mail _____

What is the primary language spoken in your home?

☐ English ☐ Español ☐ Français ☐ 普通话 ☐ 한국어 ☐ Tiếng Việt ☐ አማርኛ ☐ _____

Property Information

1. Year of Building Construction: _____ 2. Type of Exterior (brick, vinyl, etc.): _____
3. Are there rental units in the property? ☐ Yes (how many? _____) ☐ No
4. Are there any liens on the property (tax, creditors, etc.)? ☐ Yes ☐ No
5. Daycare or children's programs on property? ☐ Yes ☐ No
6. Are there children under 6 residing at the property? ☐ Yes ☐ No
7. Has there been previous lead testing of children residing at the property?
☐ Yes - If so, what date? _____ ☐ No ☐ Do Not know

See next page to complete application.

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LEAD REDUCTION PROGRAM APPLICATION

Property Information (continued)

8. Does any child living at this property have an elevated blood lead level? ☐ Yes ☐ No ☐ Do Not Know
9. Is there a known presence of Lead-Based Paint (LBP) or LBP hazards? ☐ Yes ☐ No ☐ Do Not Know
10. If LBP is present, how was its presence determined (e.g., lead inspection, risk assessment, etc.)? _____
11. Is there deteriorated paint present (peeling, chipped or cracked)? ☐ Yes ☐ No
12. Has the property been designated "historic," or is it located in a historic district? ☐ Yes ☐ No ☐ Do Not Know
13. Does the property have any outstanding code violations? ☐ Yes ☐ No
- If yes, are any violations for life safety? ☐ Yes ☐ No
- If yes, are any violations for lead-based paint or deteriorated paint? ☐ Yes ☐ No
14. List all people living in your home, including children under 6 visiting at least 6 hours a week:

Full Name	Date of Birth	Last 4 Digits of SSN	Date of Blood Test for children 6 and under	How long at this address?	Relationship of head of household	Household member annual income
					head of household	

For a pregnant woman, list (P) after last name. If more space is needed for occupant information, please add separate sheet

See next page to complete application.

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LEAD REDUCTION PROGRAM APPLICATION

Document Checklist

Please bring the following documents (check if provided):

- ☐ Recorded Property Deed (not the Deed of Trust)
- ☐ Current liability/fire insurance (Homeowner's Insurance)
- ☐ Government-Issued Photo ID for Head of Household
- ☐ Birth Certificate for each child under 6 currently residing in the property or visiting at least six hours per week
- ☐ Proof of Social Security number for all household members
- ☐ Verification of Household Income

For household members 18 and over:

- ☐ **Employment Verification Form**, paystubs, benefit, pension, unemployment, etc.

For household members 17 and under:

- ☐ **Child Support Verification Form**, Supplemental Security Income (SSI), and/or Temporary Assistance for Needy Families

If your household receives Zero Household Income:

- ☐ **DOEE Zero Income Affidavit Form**

- ☐ Verification of Household Assets:

Bank Accounts:

- ☐ Savings Account Statement issued within the past 30 days
- ☐ Checking Account Statements for the past 6 months
- ☐ **Notarized Statement of No Bank Account Form**

Property other than primary residence, other assets, etc.

- ☐ Passbooks/financial statement completed by a financial institution, or real estate tax assessment/appraisal

If Applicable:

- ☐ Copy of documentation determining the presence of lead-based paint or lead-based paint hazards
- ☐ Copy of lead-based paint disclosure form
- ☐ Copy of violation for lead and/or deteriorated paint
- ☐ Photographs of the exterior street-side elevation

Take a look at our **Lead Reduction Program Income and Asset Documentation Guide** – the guide and the **bolded** supplemental forms are available on our website at <https://doee.dc.gov/service/lead-reduction-program>. If you still have any questions about filling out this application call (202) 671-1757 or email LaWanda.Jones@dc.gov.

See next page to complete application and provide initials.

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LEAD REDUCTION PROGRAM APPLICATION

CERTIFICATIONS AND DISCLOSURES (continued)

If at any stage in the application process, the Department of Energy and Environment determines that you are not eligible to participate in the Lead Reduction Program, you will be notified in writing at the earliest point such a determination is made.

_____ (initials)

Further, by signing this application, you understand and agree that, as a governmental agency, the Department of Energy and Environment is required to notify any and all governmental agencies of any unlawful conditions and/or potential violations of District of Columbia law relating to housing or health code conditions that may have been discovered as a part of the Lead Reduction Program application process.

_____ (initials)

You further agree, and understand, that, in the event that your application for funding by the Lead Reduction Program is denied, you are not relieved of any lawful duty and/or obligation you have to ensure that your property complies with all DC housing and health laws.

_____ (initials)

The remainder of this page is blank.

See next page to complete application and provide signature.

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LEAD REDUCTION PROGRAM APPLICATION

SIGNATURES

1. Applicant Print Name

2. Homeowner Print Name

Signature

Signature

3. Tenant (if applicable) Print Name

4. Tenant (if applicable) Print Name

Signature

Signature

The following information concerning minority and sex is requested for statistical purposes so the Department may determine the degree its programs are utilized by minority individuals and businesses. If applicant is a business, check the category applicable to 51 percent or more of the ownership:



☐ Male

☐ Female

☐ Black/African American

☐ Hispanic

☐ White

☐ Asian/Pacific Islander

☐ American Indian/Alaskan Native

See next page to complete application and provide initials.

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LEAD REDUCTION PROGRAM APPLICATION

NOTICES: Personal Information

The information requested by the Department of Energy and Environment (DOEE) is necessary in determining your eligibility for the Lead Reduction Program (LRP) grant. Your failure to disclose this information may result in the denial of your application. Availability of this information for public inspection is governed by the provisions of the District of Columbia Freedom of Information Act of 1976 (DCFOIA), Pub. L. 614, D.C. Official Code §§ 2-531 et. seq.

This information will be disclosed to appropriate staff of DOEE for purposes directly connected with administration of the LRP program. Such information is not routinely shared with federal or local government agencies, but would be made available to the extent consistent with D.C. law, the DCFOIA and any other Federal reporting requirements.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this application shall be subject to criminal prosecution, a fine of up to \$1,000 and/or imprisonment 180 days and if a loan/grant has been made, immediate call of the loan/grant requiring payment in full of all amounts disbursed pursuant to D.C. Official Code § 22-2405 (2002).

CERTIFICATIONS AND DISCLOSURES

The undersigned applicant hereby makes application to the Department of Energy and Environment for a LRP grant for the purpose of reducing lead-based paint hazards in housing.

Applicant agrees they will not discriminate against any person the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap, or age in any aspect of the program and to comply with all applicable federal and local laws regarding discrimination and equal opportunity in employment, housing and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto and the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §§ 2-1401.01 et. seq.. Title VIII of the Civil Rights Act of 1986, as amended, requires a certification that the borrower's organizations documents contain a nondiscrimination clause.

Applicant certifies that no tenant living in any residential unit in the property to undergo lead hazard reduction has been forced to move without cause in the 12-month period preceding the submission of this application and that none will be forced to move without cause prior to loan/grant closing. Applicant further agrees to comply with the relocation requirements of the LRP Program if any residential tenant is required to be temporarily displaced as a result of the rehabilitation undertaken pursuant to the loan/grant.

Please initial each of the following statements to verify that have you read and understood each statement.

There is no guarantee that your application for the Lead Reduction Program will be approved.

_____ (initials)

Further, if your initial application is approved, it could be determined to be ineligible at different stages in the application process, for a variety of reasons, including but not limited to,

- Availability of funding,
- Failure to meet all Lead Reduction Program guidelines and underwriting criteria, and
- Lead Reduction Program eligibility requirements.

_____ (initials)