



## West Virginia Department of Health and Human Resources (DHHR) APPLICATION FOR EMERGENCY REPAIR AND REPLACEMENT

### I. IDENTIFYING INFORMATION

A. Name and Mailing Address of Applicant:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

If you do not have a telephone, please supply the name of a relative or neighbor who will take a message for you.

Name \_\_\_\_\_ Phone \_\_\_\_\_

B. Check any benefit being received by you or a member of your household:

☐ SNAP Benefits ☐ WV WORKS ☐ Medicaid

C. Directions to your home: \_\_\_\_\_

D. Race (check one or more):

☐ White ☐ Black ☐ American Indian ☐ Asian

E. Ethnicity: ☐ Hispanic ☐ Non-Hispanic

If other race, please explain: \_\_\_\_\_

F. List the following information about yourself (Applicant) and ALL persons in your household. This includes family members and all others living under the same roof:

Full Name	Is this person a U.S. Citizen?	Birth Date mm/dd/yy	How is this person related to the Applicant?	Social Security Number	Total Monthly Income Before Deductions	
					Source or Name of Employer	Amount
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

## II. INTAKE INFORMATION

Application date: \_\_\_\_\_  
Name of worker taking application: \_\_\_\_\_  
Case number: \_\_\_\_\_  
County: \_\_\_\_\_

Has client applied for LIEAP?

☐ Yes ☐ No

Has client been approved for LIEAP?

☐ Yes ☐ No

## III. HOME HEATING INFORMATION

*Instructions: Please check the correct box that applies to your household after each question and enter written statements where required.*

A. What is your current living arrangement?

☐ House/apartment/mobile home ☐ No shelter/homeless  
☐ Institution ☐ Other (explain) \_\_\_\_\_

B. Is anyone in your household disabled or blind?

☐ Yes ☐ No

C. How do you heat your home?

(Check the item that corresponds to your primary source of home heating.)

**PLEASE CHECK ONLY ONE.**

☐ Natural gas furnace  
☐ Liquefied gas (petroleum, propane, etc.)  
☐ Coal  
☐ Wood or wood products  
☐ Electric furnace  
☐ Fuel oil or kerosene furnace  
☐ Baseboard heat  
☐ Space heater (type) \_\_\_\_\_  
☐ Other \_\_\_\_\_

D. Main Heating Source (same source as Question D)

Company/Vendor \_\_\_\_\_

Account # \_\_\_\_\_

Is your heating source included in your rent?

☐ Yes ☐ No

E. Are you currently without a working heating unit?

☐ Yes ☐ No

F. Please describe the current issue with your heating unit.

G. Have you had to make alternate living arrangements?

H. Approximate age of heating unit.

#### IV. SIGNATURES AND STATEMENTS OF LIABILITY

Place a check in the appropriate block with each statement.

☐ Yes I understand I may request a hearing if I am not satisfied with any decision of the Department of Health and Human Resources (DHHR) in determining my eligibility for Emergency Repair and Replacement or the amount of benefits approved, or if I feel that I have been discriminated against because of race, color, national origin, sex, age, religious or political beliefs, or because I am disabled; that I may be represented by an attorney at a fair hearing but that DHHR or any of its authorized representatives will not pay for these legal services; and that this intake will close without prior notice.

☐ No

☐ Yes I agree and authorize any bank, financial institution, governmental agency or department, corporation, business concern or person to furnish any information related to my eligibility for and receipt of the Emergency Repair and Replacement to DHHR or any of its authorized representatives and understand DHHR may use or share such information to verify my eligibility for and the amount of benefits.

☐ No

☐ Yes I certify that I have read or had read to me all statements on this form and I do understand all questions. I further certify that all information given is true and correct to the best of my knowledge.

☐ No

☐ Yes I give my consent for my heating and electric companies to give data about my account and energy usage to the DHHR, contractors for the LIEAP and the Weatherization Program.

☐ No

☐ Yes I give the Weatherization program permission to contact me regarding Emergency Repair and Replacement on behalf of the DHHR.

☐ No

☐ Yes I understand that I may be asked to provide additional information or verify any or all information entered on this application form and that I will cooperate by providing such information as required in determining my eligibility for Emergency Repair and Replacement; and I authorize DHHR to use and share all such information with other agencies, organizations, or entities to verify eligibility for the Emergency Repair and Replacement and the amount of benefits.

☐ No

☐ Yes I understand that if I knowingly provide false or fraudulent information that is used in connection with the eligibility determination for Emergency Repair and Replacement, I may be subject, upon conviction, to fines or imprisonment or both. I understand I will be required to repay benefits received to which I am not entitled and that my failure to repay such benefits may result in loss of future Emergency Repair and Replacement benefits.

☐ No

☐ Yes I understand the date of application is the date I submit the completed form along with all required verifications and information, and that missing information may result in delay and/or denial of Emergency Repair and Replacement benefits.

☐ No

☐ Yes I understand that Emergency Repair and Replacement is a separate component of LIEAP and may close without notice due to funds being exhausted.

☐ No

☐ Yes I further understand that this program is separate from the Weatherization's Repair and Replacement Program.

☐ No

**MAIL THIS APPLICATION TO YOUR LOCAL DHHR OFFICE ONLY-NOT TO YOUR HEATING SUPPLIER.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Who Helped You Fill Out This Form

\_\_\_\_\_  
Date

***This application cannot be processed unless all information requested has been entered or attached and it is signed and dated by you and the person who assisted you.***

**V. FOR DHHR USE ONLY (DFA LIEAP COORDINATOR TO COMPLETE)**

A. Was application complete? ☐ Yes ☐ No

If no, what was missing? \_\_\_\_\_  
\_\_\_\_\_

**Incomplete applications will be denied unless Applicant supplies missing information within 10 days or Worker is able to obtain the information within the 10-day period.**

B. Date application received by DFA LIEAP Coordinator: \_\_\_\_\_

C. Date of Decision: \_\_\_\_\_ ☐ Approved ☐ Denied

**The date of application is the date the form is received by the local DHHR office.**

D. Date referred to Weatherization: \_\_\_\_\_

Any additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DHHR Worker's Signature

Date

For Processing of this Application, please send to:  
Division of Family Assistance  
Attn: LIEAP Coordinator  
350 Capitol Street, Room B-18  
Charleston, WV 25301