PRIDE
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BEFORE APPLICATION WILL BE PROCESSED

THE FOLLOWING DOCUMENTS MUST BE PROVIDED FOR EACH HOUSEHOLD MEMBER:

1. **PROOF OF INCOME**
2. **SOCIAL SECURITY NUMBER**
3. **DATE OF BIRTH**
4. **ZERO INCOME STATEMENT (IF UNEMPLOYED)**
5. **COMPLETE RENTERS AGREEMENT (IF RENTING)**
6. **LATEST ELECTRIC/GAS BILL**
7. **SIGN CONSENT FORMS**

WEST VIRGINIA Department of Health & Human Resources

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: _____

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 ☐ No shelter/homeless
☐ Apartment ☐ Mobile home
☐ Institution ☐ Other (explain) _____

B. Do you own your home or rent?

☐ Own ☐ Rent

C. Is anyone in your household disabled or blind?

☐ Yes ☐ No

D. 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

E. Main Heating Source (same source as Question D)
Company/Vendor _____
Account # _____

Is your heating source included in your rent?
☐ Yes ☐ No
Has client applied for LIEAP?
☐ Yes ☐ No
Has client been approved for LIEAP?
☐ Yes ☐ No

F. Are you currently without a working heating unit?

☐ Yes ☐ No

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

H. Are you currently without a working cooling unit?

☐ Yes ☐ No

I. Have you had to make alternate living arrangements?

J. Approximate age of heating unit and/or cooling unit.

IV. SIGNATURES AND STATEMENTS OF LIABILITY

Place a check in the appropriate block with each statement.

☐ Yes ☐ No 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.

☐ Yes ☐ No 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.

☐ Yes ☐ No 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.

☐ Yes ☐ No 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 Assistance Program.

☐ Yes ☐ No I understand that in order to be eligible for the cooling repair or replacement that I have to meet the income guidelines and have someone in the household who is age 60 or older, disabled or have a child in the home that is age 5 or younger. I also understand that I may be asked to provide verification of this prior to approval.

☐ Yes ☐ No 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.

☐ Yes ☐ No 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.

☐ Yes ☐ No 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.

☐ Yes ☐ No I understand that Emergency Repair and Replacement is a separate component of LIEAP and may close without notice due to funds being exhausted.

☐ Yes ☐ No I further understand that this program is separate from the Weatherization's Repair and Replacement Program.

☐ Yes ☐ No I give the Weatherization Assistance Program permission to contact me regarding Emergency Repair and Replacement on behalf of the DHHR.

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	☐ Heating	☐ Cooling
☐ Denied	☐ Heating	☐ Cooling

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

D. Date referred to Weatherization:

Any additional comments:

_____

_____

_____

LIEAP Coordinator'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

Customer Consent Form

I, _____ give Pride _____ consent to release, obtain, store and share all pertinent identifying and non-personally identifying social, educational, medical and other information about myself or other members of my household that will allow me to benefit from services offered. In granting such permission, I understand that such information will be stored in a secure electronic data system. My information will remain confidential and that such information will only be used for my benefit or to benefit other members of my household. Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other service agencies, current and potential program funding sources and other programs offered by Pride _____. I release Pride _____ and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to Pride _____ that I no longer want to participate in the services offered, this release will remain in force indefinitely as of today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge as of the date signed.

_____ _____

Customer Signature Date

_____ _____

Signature of CAA Staff Member Date

Emergency Repair and Replace
Rental Release and Agreement

Client ID: _____

Client Name:_____ Agency:_____

Address:_____

I, _____the owner of the rental unit located at the above address and presently occupied by the client identified above hereby release liability and consent to the aforementioned Agency to perform ERRP work.

I further agree that for a period of two years, the rent shall not be raised because of the increased value of the renal unit solely due to the work completed, unless those increases are related to work that was not completed by the agency. I understand that in the event of a rent increase, the agency can request justification of such increases and could seek remuneration of the increases.

It is further understood that the agency and the ERRP program cannot be held liable for existing program-identified health and safety violations that are not corrected by ERRP Program and the agency. It is also understood that the work to be done shall consist of ERRP activities only, and that no undue enhancement shall accrue to the value of the rental unit.

Owner Signature: _____

Printed Owner Name: _____ Date: _____

Representative Signature: _____

Agency Representative: _____ Date: _____

West Virginia Department of Health and Human Resources

ZERO INCOME/HOME HEATING COST VERIFICATION FORM

I hereby verify that my income for the month of _____, _____ is/will be zero.

My living expenses are:

☐ Food ☐ Home Heating

☐ Clothing ☐ Utilities

☐ Shelter ☐ Other _____

Please state below how you have provided for the costs of the items circled above:

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Applicant's Signature Date

You must obtain the signature, address and phone number of the person who can verify the information you provided above. This must be entered below before a decision can be made on your application. Return this form with the required information as instructed by the Worker.

I certify that the above information provided by _____ is true and correct to the best of my knowledge.

Name: _____

Address: _____

_____

Phone: _____

_____ _____

Worker's Signature Date Issued

DFA-LIEAP- 4 (New 10/06)