



## LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

**Keep this page for your information**

ES-3500  
10-20

**The completed application must be received in a DCF office by the close of business on March 31<sup>st</sup>.**

### WHEN AND HOW CAN I APPLY FOR LIEAP?

*You can apply online starting the first business day of January through March 31<sup>st</sup>, or you can submit this application to your local DCF office.*

Apply online at [www.lieap.dcf.ks.gov](http://www.lieap.dcf.ks.gov)

- Click on “Apply for Services”
- Click on “Energy Assistance”
- Questions, call 1-800-432-0043

Submit an application

- Mail to your local DCF office
- Fax
- E-mail

To find your local DCF office, visit:

<http://www.dcf.ks.gov/services/Pages/DCFOfficeLocatorMap.aspx>

## KANSAS VOTER REGISTRATION INFORMATION

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes  No (If you do not check either box, you will be considered to have decided not to register to vote at this time.)

*Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.*

If you would like help in filing out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. You may also elect to apply online. Please be aware that to register to vote online, you must have a valid Kansas driver's license or non-driver's identification card. If you do not have either of these documents, you may register to vote using the paper form provided in this mailing or you can download one at:

<https://www.kssos.org/forms/elections/voterregistration.pdf>. . If you want to apply online go to:  
<https://www.kdor.ks.gov/apps/voterreg/default.aspx>.

You must re-register each time you change your name, address, or party affiliation for voting.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Kansas Secretary of State's Elections Division by calling 1-800-262-VOTE (8683) or by emailing to [election@ks.gov](mailto:election@ks.gov).

# LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) FREQUENTLY ASKED QUESTIONS

**Keep this page for your information**

1. **Question:** Who qualifies for LIEAP?

**Answer:** Qualifying households must:

- Not exceed the income limits in the chart displayed to the right
- Be personally responsible for the heating fuel costs payable either to the landlord, utility company or fuel vendor
- Have made recent payments of at least \$80 toward their costs

2. **Question:** Is my benefit based on what I owe the utility company?

**Answer:** No. The benefit amount is based on federal funding received, anticipated number of applicants, type of dwelling, type of primary heating fuel, number of household members (citizens) and household income.

3. **Question:** Can I qualify for LIEAP if my name is not on my utility bill?

**Answer:** The applicant/person signing the application must be the person whose name appears on the primary heating source energy bill. If you pay the landlord for fuel costs included in the rent, or owed in addition to the rent, you may also qualify and should apply for LIEAP under your name.

4. **Question:** Can I split my benefit if my name is on one utility bill and someone else's name is on the other bill?

**Answer:** No, you cannot split your benefit between two vendors if the applicant's name is not on both utility bills.

5. **Question:** How many payments will I get?

**Answer:** LIEAP pays only one benefit per year.

6. **Question:** How will I know if I'm eligible for a benefit?

**Answer:** You will receive written notification by mail once a decision is made.

7. **Question:** I received my LIEAP benefit, but I still need help. What else can I do?

**Answer:** Contact your local Salvation Army, Red Cross, United Way or other local helping agency, along with your utility company for other available options. You can also call "211" to identify resources in your county.

8. **Question:** What is the **Cold Weather Rule**?

**Answer:** The Cold Weather Rule applies only to residential customers of electric and natural gas utility companies under the Kansas Corporation Commission's jurisdiction. For more information about the Cold Weather Rule, please go to the KCC at [http://kcc.ks.gov/pi/cwr\\_english.htm](http://kcc.ks.gov/pi/cwr_english.htm) or contact them at 785-271-3000.

9. **To avoid delays in processing your application, be sure to provide the following:**

- Answer all questions on the LIEAP application
- Signatures of all adults living in the residence
- Copies of all items needed
- Proof of Income (earned and unearned) for anyone living in the residence
- If applicable, provide VA award letter, SSA/SSI award letter or award letter for your pension
- If claiming self-employment, provide complete copy of most recent tax return
- Copy of all fuel bills (gas, electric, propane, etc.)
- Proof of child support payments received or the court order
- If in subsidized housing, provide a copy of your rental agreement

**(Always send copies; do not send originals, they will not be returned.)**

# KANSAS LOW INCOME ENERGY ASSISTANCE APPLICATION

For questions, call toll-free: 800-432-0043 or  
go to [www.lieap.dcf.ks.gov](http://www.lieap.dcf.ks.gov).



The completed application must be received by  
close of business on March 31<sup>st</sup>.

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## 1. HOUSEHOLD INFORMATION

On line 1, list the person whose name is on the heating utility bill if the individual resides in your household. Otherwise, list yourself on line 1, followed by **all** other persons who are currently residing at the address where you live.

Attach additional sheets as needed. (Race Codes: A=Asian, B=Black, H=Hispanic, N=Native American, W=White, O=Other)

Name (Last, First, MI)	Social Security Number	Date of Birth	Sex M or F	Race - List All That Apply (optional)	Citizen or Legal Resident	Disabled
1)					Yes / No	Yes / No
2)					Yes / No	Yes / No
3)					Yes / No	Yes / No
4)					Yes / No	Yes / No
5)					Yes / No	Yes / No
6)					Yes / No	Yes / No
7)					Yes / No	Yes / No
8)					Yes / No	Yes / No
9)					Yes / No	Yes / No
10)					Yes / No	Yes / No

Does anyone in the household receive food assistance?  Yes  No

Did you apply for LIEAP last year?  Yes  No

Preferred language, if other than English:

Written: \_\_\_\_\_ Spoken: \_\_\_\_\_ Sign Language?  Yes  No

### STREET ADDRESS WHERE YOU LIVE NOW:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

### MAILING ADDRESS IF DIFFERENT FROM YOUR STREET ADDRESS:

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Please check the correct box. Is this your:  Guardian  Conservator  SI payee  Other:

### CONTACT INFORMATION:

Daytime Telephone: \_\_\_\_\_ Message Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. Emergency Situation. If you are currently in an emergency situation with your utilities, select the box of all that apply. Enclose proof of disconnect, otherwise the case will not be considered an emergency.**

	Your household is <b>currently disconnected</b> from utility service. Date of disconnect: _____
	You are out of or have very little propane or wood to operate your primary heating fuel source. List estimated percentage of propane on hand %: _____ Amount of wood on hand _____ (i.e. ¼ cord)
	Someone in your household is using medical support equipment operated by electricity. <input type="checkbox"/> Heart Defibrillator <input type="checkbox"/> Dialysis Machine <input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Infant respiratory failure alarm <input type="checkbox"/> Intermittent positive pressure breathing machine <input type="checkbox"/> Feeding pump <input type="checkbox"/> Ventilator <input type="checkbox"/> Suction Machine <input type="checkbox"/> Other: _____
	Your utilities will actually be disconnected within 48 hours. Disconnect date: _____ (Provide copy of disconnect notice and hang tag if appropriate)

**3. Gross Household Income. You must provide proof of income. Please enclose pay stubs, employer statements, etc. for all income other than Social Security, SSI, TANF or UC for all household members.**

Name of Person Employed	Employer's Name, Phone & Address (if self-employed, list business type)	Salary or Hourly Wage	Weekly Hours Worked	How often do you get paid?	Day of the week paid

Income Type	Name of Person Receiving Income	Monthly Amount
<input type="checkbox"/> Social Security Administration Benefits <b>(provide award letter)</b>		\$
<input type="checkbox"/> Supplemental Security Income/SSI <b>(provide award letter)</b>		\$
<input type="checkbox"/> Child Support/Alimony <b>(provide copy of court order)</b>		\$
<input type="checkbox"/> Temporary Assistance for Needy Families-TANF		\$
<input type="checkbox"/> Unemployment Benefits		\$
<input type="checkbox"/> Self-Employment/Farm Income <b>(provide copy of complete tax return)</b>		\$
<input type="checkbox"/> Veteran's Administration/VA Benefits <b>(provide copy of claim number)</b>		\$
<input type="checkbox"/> Railroad Retirement or Other Pensions (i.e. KPERS or private) <b>provide award letter</b>		\$
<input type="checkbox"/> Interest Income Greater than \$50 Per Month <b>(provide proof)</b>		\$
Other <b>(please list and provide proof)</b>		\$

**Is anyone on strike?**    Yes    No   If yes, name of person: \_\_\_\_\_

**4. Dwelling Type. Select the box that best describes where you live.**

<input type="checkbox"/>	One family house, modular home, mobile home	<input type="checkbox"/>	Travel trailer, camper, RV
<input type="checkbox"/>	Duplex (2 units in building)	<input type="checkbox"/>	Group home
<input type="checkbox"/>	Apartment (3 or more units in the building)	<input type="checkbox"/>	Nursing home
<input type="checkbox"/>	Other, please list: _____		

**5. Do you live in Subsidized Housing (Section 8, Public or Senior Housing)?**  Yes  No  
 If yes, please list name and telephone of landlord and/or unit: \_\_\_\_\_  
**(Provide a copy of your rental agreement)**

**6. Heating System. Select the box that best describes the main heating system built into your home, even if currently not being used.**

<input type="checkbox"/>	Central Gas Furnace	<input type="checkbox"/>	Floor or Wall Furnace
<input type="checkbox"/>	Steam or Hot Water Radiators	<input type="checkbox"/>	Vented Freestanding Stove (not wood burning)
<input type="checkbox"/>	Central Electric Furnace	<input type="checkbox"/>	Solar Heating System
<input type="checkbox"/>	Wood Stove or Fireplace	<input type="checkbox"/>	Baseboard Heaters

Do you use this system?  Yes  No  
**If no**, please circle the appropriate letter below.  
 a. You do not have service because you are unable to pay for the restoration of service.  
 b. You do not have service because you are unable to pay for the delivery of a bulk fuel.  
 c. The equipment is inoperable, and you cannot afford to pay to have it fixed.  
 d. Other: \_\_\_\_\_

**7. Fuel Type. Select the box that describes the fuel used by the main heating system built into your home.**

<input type="checkbox"/>	Natural Gas from Underground Lines
<input type="checkbox"/>	Electricity
<input type="checkbox"/>	Delivered Bulk Propane
<input type="checkbox"/>	Other (bottled gas, kerosene, fuel oil, coal or wood) Please list type: _____ Name and federal tax number of wood vendor: _____

Name of utility vendor providing the fuel that heats your home: \_\_\_\_\_

**8. Fuel Bill. Select the box that describes how you pay your heating fuel bill.**

<input type="checkbox"/>	The fuel bill is in your name or the name of another adult living in the residence. Name: _____
<input type="checkbox"/>	Your heating cost is included in your rent. Landlord's name and telephone number: _____
<input type="checkbox"/>	Your fuel bill is in your landlord's name, and you pay either the landlord or the fuel company. Landlord's name and telephone number: _____
<input type="checkbox"/>	Your fuel bill is in the name of someone other than an adult living in the residence or your landlord. Name and relationship: _____

## 9. Payments Made

Have you made payments on your energy costs totaling \$80 or more in the last 3 months?

Yes  No

If your utilities are included in the rent, have you paid rent in at least 2 of the last 3 months?

Yes  No

## 10. Vendor Information

The "primary heating fuel vendor" is the vendor that provides the fuel primarily used to heat your home. Provide electric vendor information below even if not requesting a split benefit.

Primary heating fuel vendor name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Electric vendor name: (Required if not Listed as primary heating fuel vendor.) \_\_\_\_\_

Account Number: \_\_\_\_\_

## 11. LIEAP Payment Options. Select the box that indicates how you would like your benefit issued.

Make all of my energy benefit payable to my heating vendor. **(Enclose a copy of heating bill.)**

Split my energy benefit (½ to my primary fuel vendor, and ½ to my secondary vendor).  
**(Enclose a copy of both bills.)**

- You may only make this choice one time for the benefit year.
- All payments, including any payments issued during summer months, will be made according to this choice.
- If you request your benefit split, the billing name on all accounts must be the same.
- **If no selection is made, your entire benefit will go to the heating vendor.**

## 12. Helping Agency

Please list the name of any agency or organization that helped you complete this application:

## 13. Kansas Weatherization Assistance Program (K-WAP)

The Kansas Weatherization Assistance Program provides low-income households free home energy upgrades that help lower their energy bills, such as adding insulation and sealing cracks and gaps that leak air. For more information about the Kansas Weatherization Assistance Program, please call the toll-free Housing Information Line at 1-800-752-4422.

The Kansas Department for Children and Families provides equal opportunity in its services, activities and programs receiving federal financial assistance, regardless of the participant's race, color, national origin, sex or disability status.

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING  
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!**

- I hereby apply for LIEAP assistance from the State of Kansas administered by the Kansas Department for Children and Families (DCF).
- I declare that the information I have given is true, correct and complete to the best of my knowledge.
- I realize that the information that I have given on this application will be subject to verification by DCF.
- If any household member declared on my application is currently receiving food assistance, TANF, or child support, I hereby authorize the agency to use my DCF file to document income and resource eligibility for LIEAP.
- I hereby authorize DCF to release information related to my application for LIEAP to my fuel supplier to determine eligibility.
- I give permission to DCF to use information provided on this application for the purposes of research, evaluation and analysis of the program.
- I understand that I may be fined, imprisoned, or both, under State or federal law if I make false statement(s) on this application in order to get benefits that I am not entitled to receive.
- I understand that I must provide proof of income and other information needed to establish eligibility. I understand that my eligibility will be determined under the guidelines of DCF staff.
- I understand that if I receive assistance as a result of withholding or providing false information, I must repay the cost of that assistance and may face criminal charges.
- I understand that only one person in each household is allowed to receive LIEAP benefits during the year, from only one government agency. I may not receive LIEAP from DCF and a Tribal entity in the same year.
- I understand that if my utility is a vendor that has entered to an agreement to received LIEAP payments electronically, my benefit will be sent directly to the vendor.
- I understand that I need to continue making regular payments to my energy provider and that any LIEAP benefits that may be received do not take the place of my responsibility to pay the vendor.
- I understand that only one LIEAP benefit will be issued each calendar year, but that benefit may be split between utility vendors, and this election may only be made once a year. Any additional payments that may be issued during the summer months will be issued in the same manner as the original winter issuance.
- I understand that I may appeal application processing that exceeds 45 calendar days after I have submitted complete information. I understand that I may appeal any decision and that my request must be made within 30 days of my denial or benefit notice.
- I authorize DCF or other designated agent to release application and benefit information to my energy vendors and community helping agencies.
- I authorize my energy vendor to release my account information, including but not limited to, billing and payment history and energy consumption to DCF, its designated agent, and Weatherization agencies.
- I authorize any investigation to establish my household's eligibility, including release of bank, payroll and/or other records from business and other organizations.
- I understand LIEAP is a federally-funded program. Benefits are based on the amount of federal funds received and could be terminated at any time in which funding is unavailable.
- I understand the completed application must be received by close of business on March 31<sup>st</sup>.

**Signature**

X

<b>Signature of Adult living in the residence (Person whose name is on the primary heating utility bill, if that person lives at the address.)</b>	Date	Daytime Telephone
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X

Signature of Other Adult living in the residence or Conservator/Guardian	Date	Daytime Telephone
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X

Signature of Other Adult living in the residence or Conservator/Guardian	Date	Daytime Telephone
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**Conservator/Guardian must provide copies of legal documentation**

## ✓ **Did you remember to:**

- Fill everything out
- Have all adults sign the application
- List everyone who lives at your address
- List your phone numbers and email address
- Provide check stubs for everyone with earnings
- Provide Child Support court order(s)
- Provide recent tax return (if you are self-employed)
- Provide VA award letter
- Provide pension award letter (i.e. KPERS, Railroad, private, etc.)
- Provide proof of income if greater than \$50 per month
- Provide copies of your energy bills
- Provide proof of energy utility payments in the last 3 months
- Provide proof of rent payments (if utilities are included in rent)
- Provide copy of your rental agreement

**To avoid delays in processing this application,  
double check that you have included all above items that apply.**

**Send copies. Originals will not be returned.**