LIHEAP

RHODE ISLAND LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM 2025-2026

Application/Client Number:
(To be filled out by the Community Action Agency)

Instructions: Please review and complete the first two pages of this application.

Applicant Name		Phone	
Address		Cell Phone	
City State Zip			
Email		Number of household members	

Applicant's Primary Language		Do you need help with translating this application?	Yes	No

See Codes at the bottom of page 2

List All Household Members *(use additional sheet if more than 7 household members)*			Income Type(s)	Sex	Ethnicity	Race	Relationship to Applicant	Marital Status	Disabled - Yes or No	Veteran - Yes or No	SNAP - Yes or No	Education	Medical
Name	DOB	SSN											

Housing Type (Circle One):

Single Family – Own	Single Family – Rent	Duplex – Own	Duplex – Rent	Condo – Own	Condo - Rent
Multi-Family (2-4) – Own	Multi-Family (2-4) – Rent	Multi-Family (5+) – Own	Multi-Family (5+) – Rent	Mobile Home - Own	Mobile Home - Rent

Do you live in Section 8 or subsidized housing?	Yes	No	What is your monthly rent or monthly housing cost?	

Is heat included in your rent/condo fee?	Yes	No	Has your home received insulation or energy-saving improvements?	Yes	No
Do you share a heating system with another rental unit or residence?	Yes	No	Are you interested in a home insulation program to help lower your energy bills?	Yes	No

Applicant Name: _____   **Application Number:** _____

Heating Type (Check One)

1. Oil	2. Gas	3. Propane
4. Electric	5. Coal	6. Wood
7. Kerosene	8. Heat in Rent	9. Pellets
10. Other:		

Landlord Information (please complete if applicable)

Landlord Name	
Landlord Address	
Landlord Phone	

Heating Company		**Electric Company**	
Heating Company		Electric Company	
Account #		Account #	
Name on Bill		Name on Bill	
Fuel Type			

How did you hear about LIHEAP:	

AGREEMENT & SIGNATURE

I attest that the information contained on this form is true and accurate. All information on this application is required to determine eligibility for benefits under Rhode Island's Low Income Home Energy Assistance Program (LIHEAP) and Weatherization Assistance Program (WAP). Collection of your Social Security number is not prohibited by Federal law and is required as a stipulation to receive benefits. By providing application information, you are authorizing the Rhode Island Department of Human Services and its authorized agents to verify the data provided against federal, state, county, energy provider, employer and landlord databases or records. I also authorize my energy vendor/utility company to release energy related data regarding my household to the Rhode Island Department of Human Services or its authorized agents. I further affirm that I am the only person in the household applying for LIHEAP assistance this program year, and that I have not previously applied for LIHEAP at this location or at any other LIHEAP authorized agencies. I authorize the State of Rhode Island, Department of Human Services to deem and verify subcontractors to share this information for reporting purposes, in order to effectively and efficiently administer Human Services programs. I know that should any information I provide in this application be false or misleading, it will be the basis for ineligibility and will be <u>investigated and prosecuted as fraud</u>.

Signature: _____   Date: _____

If you do not receive a decision on your application after 90 days from the date of the application received, you have the right to a fair hearing and may file an appeal. However, please note that any missing or incomplete information on this form or subsequent documentation may delay the application process.

THIS SECTION TO BE FILLED OUT BY THE AGENCY ONLY

Intake Attestation: I attest that I have followed policies as mandated in the Rhode Island LIHEAP Administration & Procedures Manual in processing this application for LIHEAP benefits, and that, to the best of my knowledge the information on this form is complete and accurate.

This applicant applied   In Person ☐   Through Proxy ☐   Mail ☐

Signature: _____   **Date:** _____

Income Type:	Gross Wages =W	Self-Employment =S	Social Security = SS	Unemployment = U	Workers Comp = C
Veterans Benefits = V	Pension = P	Dividend/Interest=D	Rental Income =R	Alimony = A	Child Support =CI
RI Works=RIW	Support Letter = H	TDI = TD	SSI =SSI	Other = O	

Race: Black/African American = 01		White=02	Asian=03	Hispanic/Latino=04		Hawaiian/Pacific Islander = 05
American Indian/Alaska Native=06		No Response=07	Other=08		Two or more races=09	

Ethnicity:	Hispanic/Latino/Spanish=01		Not Hispanic/Latino/Spanish=02		Unknown/Not reported=03	

Relationship:	Applicant=A	Spouse=S	Child=C	Foster Child=FC	Mother=M	Father=F	Child's Father=D	Sister=G
Brother=B	Grandparent=E	Aunt=I	Uncle=U	Cousin=L	Niece=N	Nephew=R	Not Related=Z	Other=O

Sex:	Female=F	Male=M	Other/Undisclosed=O	Unknown=U	

Medical:	Medicare=01	Medicaid = 02	Private=03	None=04	Rite Care = 05	Other Unknown=06

Education:	0-8th Grade=A	9-12th Non-Grad=B	HS Grad/GED=C	12+ some post-secondary=D	4 Year College Grad=E	No Response=U