

# ENERGY DISASTER FUNDS APPLICATION

County Department of Social Services

Disaster County of Residence \_\_\_\_\_

Applicant's  
Name \_\_\_\_\_

First

MI

Last

Jr/Sr etc.

Residence  
Address \_\_\_\_\_

Mailing  
Address \_\_\_\_\_

City

State

Zip Code

Telephone

Household Member	SS #	DOB	Relationship	Race/Sex	US Citizen or Eligible Alien
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Did you live in the disaster county at the time of the disaster? Yes or No

Are the heating fuel and electric bills in your name? Yes or No

Main Heating Source (circle): Natural Gas    Electricity    Fuel Oil    Propane    Kerosene    Coal    Wood

(Company/ Vendor): \_\_\_\_\_

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

Electric Vendor: \_\_\_\_\_

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

Please select the Energy Disaster Fund assistance being requested today.

<input type="checkbox"/>	Utility Bill Assistance
<input type="checkbox"/>	Utility Reconnection Cost/Fees
<input type="checkbox"/>	Utility Deposit
<input type="checkbox"/>	Repair or replacement costs for furnace.
<input type="checkbox"/>	Coats and Blankets, as tangible benefits to keep Energy Household Warm.
<input type="checkbox"/>	Space Heaters/Electric Heaters.
<input type="checkbox"/>	Other Energy Related Assistance

Document the applicant's statement regarding the Energy Disaster Fund Assistance needed.

Vendor for Disaster Energy Payment \_\_\_\_\_

Account No. \_\_\_\_\_

HH Member	Source of Income	Income Amount	Resources (Assets)

Income eligible?  Yes  No

What is the household status  renter or  homeowner? (Please check one box)

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.**

**CIVIL RIGHTS**

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program

**RIGHTS AND RESPONSIBILITES**

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the Disaster Energy Fund Assistance. I understand that the information on this form may be checked by the State or federal reviewer, and I agree to this review.

I give my authorization for my utility company to release information regarding energy usage and bill payment for the last twelve months to agencies associated under the Low Income Home Energy Assistance Program (CIP-Crisis Intervention Program, and LIEAP-Low Income Energy Assistance Program, Energy Disaster Fund Assistance Program).

I understand that utility companies who furnish information to LIHEAP-Low Income Home Energy Assistance Program will not be held responsible for disclosed information for data purposes such as referrals, research, evaluations, and/or analysis.

Registering to vote is easy in North Carolina. State law requires voters to register 25 days before an election. DSS can help you with registration paperwork. If you would like to register to vote in North Carolina, ask your caseworker for a voter registration form, and if you need help, to assist you in completing the form. **Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by the agency.** If you would like help in filling 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. 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 North Carolina State Board of Elections, PO Box 27255, Raleigh NC 27611-7255, or you may call the toll free number, 1-866-522-4723.

\_\_\_\_\_  
\*Signature/Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Worker

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

If the applicant is unable to sign his name, he must enter an "X" on the signature line in the presence of a witness. The witness must sign his name where indicated above.

Document the services which were provided to meet the needs of the family, including referrals to other agencies.

**APPROVED**

Vendor \_\_\_\_\_

Quantity/Amount of Payment \$ \_\_\_\_\_

DSS-\_\_\_\_\_ Date Sent \_\_\_\_\_

Reason \_\_\_\_\_

Referral to other resources \_\_\_\_\_

**DENIED**

Reason \_\_\_\_\_

DSS-\_\_\_\_\_ Date Sent \_\_\_\_\_

Referral to other resources \_\_\_\_\_

Has the applicant applied for and received CIP and/or any other Energy assistance previously this year?