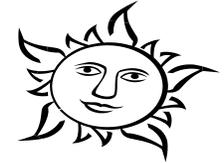




Division of Welfare and Supportive Services

ENERGY ASSISTANCE APPLICATION



The **Energy Assistance Program (EAP)** is designed to help eligible Nevada households with their heating and electric costs. **However, it is NOT an emergency program.**

* INCOME REQUIREMENTS *

The total gross monthly income of all household members may not exceed the amounts shown in the chart below.

YOUR HOUSEHOLD'S GROSS MONTHLY INCOME MAY NOT EXCEED:					
Persons in Household	Annual Income	Monthly Income	Persons in Household	Annual Income	Monthly Income
1	\$17,505	\$1,459	5	\$41,865	\$3,489
2	\$23,595	\$1,966	6	\$47,955	\$3,996
3	\$29,685	\$2,474	7	\$54,045	\$4,504
4	\$35,775	\$2,981	8	\$60,135	\$5,011

(For families/households with more than 8 persons, add \$6,090 for each additional person).

Households who meet specific criteria and whose gross income exceeds the limit, may have their income reduced by allowable expenses.

*** BENEFITS ***

Eligible households receive an annual one-time per year benefit, called a “fixed annual credit,” which is paid directly to their energy provider. The benefit shows as a credit on the bill.

MINIMUM PAYMENT –The minimum yearly payment for eligible households is \$180.

*** WHEN TO APPLY ***

- ➔ If your family is not currently on the program, apply **NOW**.
- ➔ If you received a benefit during the past 12 months, a notice will be mailed to notify you that it is time to reapply. If you submit an application prior to the date you’re eligible to reapply, the application will be denied.

*** WHAT DO I NEED? ***

Complete an EAP application and [supply the documentation requested on the form](#).

Suggested income verifications are noted on the back of this page. To get answers to other questions, call:

Reno/Carson City	(775) 684-0730
Las Vegas	(702) 486-1404
Toll Free	(800) 992-0900

Visit our website at: <http://dwss.nv.gov> for more information on the program requirements.

DOCUMENTATION EXAMPLES OF REQUIRED PROOF OF INCOME

All documentation sent with your application can be either originals or photocopies. If you are unable to photocopy the originals, our office will copy the material and if requested, we will send it back after your case has been processed.

Earned Income: Includes income from employment, self-employment (see below), child care services, house cleaning, and any service in which you are paid. Need copies of check stubs for at least the **last thirty (30) consecutive days**. If paid weekly – 4 check stubs; paid bi-weekly or semi-monthly – 2 check stubs. If you do not have check stubs, a signed and dated statement of letterhead from your employer stating your gross income for the last thirty (30) days and how often your get paid, is acceptable.

Self-Employment/Non-Profit Business Income: Please contact the EAP office to determine what you are required to provide. Acceptable verification may include profit and loss statements signed by the applicant detailing gross income and expenses during the last 12 months, a copy of the sales tax statement showing gross net proceeds, audited or un-audited financial statements, or a loan application listing income and expenses for the last 12 months.

Unearned Income: Includes income from Social Security, SSI, Veterans Benefits, pensions, disability income, military income, unemployment, child support, alimony, interest income, dividends, regular insurance or annuity payments. **If you are receiving Social Security, SSI, Veterans Benefits, pensions, disability income, military income or unemployment:** provide copies of the benefit verification form or award letter from the entity providing the income for the current year showing any cost of living raises. **If you are receiving child support/alimony income:** copy of divorce decree/separation/settlement agreement, or dated letter from person paying the support (to include name, address and phone number), or a copy of the last check/statement from the child support enforcement agency. **If you are receiving interest income/dividends:** bank account statements, certificates of deposit or other documentation that contains details and is signed by the financial institution, or a broker's quarterly statement showing earnings.

Cash Contributions and/ or Recurring Gifts: Provide a signed statement by the person providing the money indicating the amount of support, how often it is paid, and when the arrangement began or a statement that is signed and dated by the applicant identifying the name(s), address (es), and phone number(s) of the donor(s).

Student Income: Includes ALL education scholarships and grants, e.g., Pell Grant, Supplemental Educational Opportunity Grant, SSIG and Veteran's Administration educational benefits. Please provide written confirmation of the amount of assistance, and the educational institution's written confirmation of the cost for the prior two (2) semesters and summer school of the student's tuition, fees, books and equipment. If benefits are paid

directly to the student, copies of the latest benefit checks or cancelled checks or receipts for tuition, fees, books, and equipment are acceptable.

Public Assistance Income: Includes but is not limited to TANF, County or Indian General Assistance, Native American Assistance. Provide a written statement from the public agency's with the amount paid during the last month, the time frame covered, and the beneficiaries of aid or a copy of the award letter or check.

PLEASE NOTE: 1099 and W-2 forms are NOT accepted as proof of income.

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES
ENERGY ASSISTANCE PROGRAM**

MAIL **OR** FAX OUR APPLICATION TO ONE OF THE OFFICES LISTED BELOW

LAS VEGAS / NORTH LAS VEGAS

3330 E. Flamingo Rd., #55
Las Vegas, NV 89121
Telephone: (702) 486-1404
Fax: (702) 486-1441

OFFICE FOR ALL OTHER AREAS

2527 N. Carson Street, Suite 260,
Carson City, NV 89706
Telephone: (775) 684-0730
Fax: (775) 684-0740

APPLICATION FOR ASSISTANCE

Please complete every section and answer each question. Sign the application and the Rights and Obligations form. Failure to complete all sections and questions and/or sign the application and, Rights and Obligations, OR provide the requested documentation noted on the application, will delay processing your application and may result in your application being denied.

A. APPLICANT/HOUSEHOLD INFORMATION

Complete the following for every person living in your home, **including** yourself (*attach additional page if necessary*). *The first name on the application should be the applicant (person listed on the utility bill in the home). Provide proof of identity for the applicant.*

Name (Last, First, Middle) (<i>Jr., Sr., III</i>)	Relationship to You	S E X M/ F	Date of Birth (mm/dd/yy)	A G E	U.S. Citizen or Eligible *Non- citizen		Disabled		Social Security Number
					Yes	No	Yes	No	
	SELF								

Are there additional people in your home? YES NO

If "YES," list them on a separate sheet of paper.

Home Address City State Zip

Mailing Address (*If different from your home address.*)

City State Zip

Home Phone ()	Day/Message/Cell Phone ()	E-mail Address
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***List the names of non-citizen household members authorized as legal residents of the United States.**

Provide copies of the front and back of their I-688 (Temporary Resident Card) or I-551 (Resident Alien Card) with this application.

B. DWELLING INFORMATION

Renters: Provide complete copy of rent or lease agreement dated within the last 12 months, listing every person living in the home(s).

Buyers: Provide copy of mortgage statement or coupon.

1. Dwelling Type: House Apartment Condo Rent Room Mobile Home
 Duplex Motel/Hotel Studio Travel Trailer

Other: _____

2. Dwelling Cost: Rent \$_____ Buy \$_____

Space Rent \$ _____ Own

When did you pay off your mortgage? _____

3. Rent/Buyers only: Landlord, Project/Complex, Mortgage Company Name:

Address: _____

Telephone No.: (_____) _____

4. Do you reside in subsidized housing where heating and electric are included in the rent? YES NO

C. HELP US BETTER SERVE OTHERS

How did you hear about the Energy Assistance Program? Check one that most applies:

- | | |
|--|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Landlord |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Previous EAP Participant |
| <input type="checkbox"/> Print Media | <input type="checkbox"/> Received Notice in Mail |
| <input type="checkbox"/> Social Service Employee | <input type="checkbox"/> Utility Company (flyer or employee) |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other: <i>Please identify</i> _____ |

D. UTILITY INFORMATION

HEATING SERVICE

(Attach Copy of Bill)

Check primary heating source:

- Natural Gas Electric Propane
 Fuel Oil Kerosene Wood
 Other _____

Check one that applies:

- Receive bill from utility company
 Heating service included rent/mortgage
 Pay separate bill to landlord for heating service

(Heating Company Name)

(Heating Account Number)

ELECTRIC SERVICE

(Attach Copy of Bill)

Check one that applies:

- Receive bill from utility company
 Electric service included rent/mortgage
 Pay separate bill to landlord for electric service

(Electric Company Name)

(Electric Account Number)

(Name On Account)	(Name On Account)
<p>Is the person listed on the account your landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(If the account holder is NOT your landlord and does not live with you, provide their address, telephone number and relationship to you, on a separate piece of paper. Also, include proof of identity for the person who is named on the utility bill and a statement authorizing you to apply for benefits on their behalf.)</p>	<p>Is the person listed on the account your landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(If this person is NOT your landlord and does not live with you, provide their address, telephone number and relationship to you, on a separate piece of paper. Also, include proof of identity for the person who is named on the utility bill and a statement authorizing you to apply for benefits on their behalf.)</p>
ARREARAGE ASSISTANCE (Once in a Lifetime)	ARREARAGE ASSISTANCE (Once in a Lifetime)
<p>Do you have past due charges with your heating utility and want assistance to pay this debt? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Do you have past due charges with your electric utility and want assistance to pay this debt? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

If your heating and/or electric vendor is Southwest Gas, Sierra Pacific Power or Nevada Power Company, you need to provide a copy of your current utility bill. For all other energy providers, proof of the last 12 months of usage in dollars and *therms, watts and/or gallons* for your current address will be required. Proof can be in the form of your last 12 months bills or a print-out from your energy vendor.

E. HOW DO YOU WANT YOUR BENEFIT PAID?

Choose how you want your benefits paid: *(Mark ONLY One)*

- Split my benefit between my heating and electric vendor.**
- Pay my entire benefit, to my heating vendor**
- Pay my entire benefit, to my electric vendor**

If you choose a split payment or a single payment to one vendor, and your benefit exceeds your annual usage for one vendor, your benefit will be paid to cover your annual usage for that vendor and the remaining benefit will be paid to the second vendor.

If you do not choose one of the options above, your benefit will be split equally between both vendors.

F. INCOME

1. **EARNED INCOME:** Does any member of the household, regardless of age, work?
 YES NO If YES, complete the information below:
 (Include self-employment, business, child care, housecleaning, odd jobs, and non-profit organization income)

NAME OF PERSON WORKING	EMPLOYER	DATE OF HIRE	TYPE OF WORK	GROSS PAY PER CHECK	HOW OFTEN PAID	TIPS PER MONTH

List all household members, age 18 or older, who are not currently employed:

NAME OF PERSON	FORMER EMPLOYER	DATE LAST WORKED	GROSS PAY PER CHECK	DO YOU EXPECT RE-EMPLOYMENT PENDING SSI? If YES, EXPLAIN.

Attach copies of all check stubs or other proof of gross income for at least the last thirty (30) days even if the person is no longer employed. **EXCEPTION: Self-employment requires 12 months profit and loss statements. 1099s and W-2s are NOT acceptable proof of income.**

2. UNEARNED INCOME: Complete the following, indicating who, if anyone receives money or benefits from the sources listed below. You must mark YES or NO for each income type and attach proof of all unearned income. *1099s and W-2s are NOT acceptable proof of current income.*

Y E S	N O	INCOME TYPE	PERSON RECEIVING	GROSS AMOUNT	FREQUENCY
<input type="checkbox"/>	<input type="checkbox"/>	Alimony			
<input type="checkbox"/>	<input type="checkbox"/>	Boarders/Roomers (<i>Attach notarized proof of rental or lease</i>)			
<input type="checkbox"/>	<input type="checkbox"/>	Child Support			
<input type="checkbox"/>	<input type="checkbox"/>	Contribution/Gifts / Church or Charitable Donations			
<input type="checkbox"/>	<input type="checkbox"/>	Educational Assistance / Student Loans (<i>Attach proof of tuition, books and supplies for prior TWO semesters</i>)			

<input type="checkbox"/>	<input type="checkbox"/>	Food Stamps			
<input type="checkbox"/>	<input type="checkbox"/>	Foster Care			
<input type="checkbox"/>	<input type="checkbox"/>	County Assistance / General Assistance			
<input type="checkbox"/>	<input type="checkbox"/>	Interest / Dividends / Annuities / Royalties			
<input type="checkbox"/>	<input type="checkbox"/>	Loans			
<input type="checkbox"/>	<input type="checkbox"/>	Lump Sum Payments (<i>Settlements / Back Pay, etc.</i>)			
<input type="checkbox"/>	<input type="checkbox"/>	Military Income / Allotment			
<input type="checkbox"/>	<input type="checkbox"/>	Mining Claims			
<input type="checkbox"/>	<input type="checkbox"/>	Panhandling			
<input type="checkbox"/>	<input type="checkbox"/>	Pensions / Retirement			
<input type="checkbox"/>	<input type="checkbox"/>	Property Rentals / Sale			
<input type="checkbox"/>	<input type="checkbox"/>	Railroad Retirement			
<input type="checkbox"/>	<input type="checkbox"/>	Room Rental (<i>Attach notarized proof of rental or lease</i>)			
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits (RSDI)			
<input type="checkbox"/>	<input type="checkbox"/>	Strike Benefits			
<input type="checkbox"/>	<input type="checkbox"/>	Subsidized Housing			
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)			
<input type="checkbox"/>	<input type="checkbox"/>	Supported Living Arrangement (SLA)			
<input type="checkbox"/>	<input type="checkbox"/>	TANF Assistance			

<input type="checkbox"/>	<input type="checkbox"/>	Tribal Assistance / Indian General Assistance (IGA)			
<input type="checkbox"/>	<input type="checkbox"/>	Trust Income (<i>Provide proof if it is not accessible</i>)			
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance			
<input type="checkbox"/>	<input type="checkbox"/>	Utility Allowance / Rebate Check			
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits			
<input type="checkbox"/>	<input type="checkbox"/>	Winnings			
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation or Temporary Disability			
<input type="checkbox"/>	<input type="checkbox"/>	Other			

Each adult household member who does not have income must provide a signed statement declaring they have no income.

MEETING EXPENSES

1. If the household expenses (e.g., rent, utilities, food, etc.) are more than your household's income, explain how you are able to meet these expenses.
2. If someone is helping you meet your expenses or is giving you money, you must provide a signed statement from each person that includes their name, address, telephone number, and the amount of help they provided to you during the last six months. List each individual's name, address and telephone number below:

Do you expect any changes in the household's income or benefits? YES NO

If YES, what? _____

When? _____

Changes in income prior to certification will be used to determine eligibility.

G. RESPONSIBILITY

Information provided in this application is subject to verification and investigation by federal, state, and local officials. If you make a false or misleading statement, misrepresent, conceal, fail to report changes or withhold facts to establish or maintain eligibility for energy assistance, your benefits may be denied, terminated or reduced. You are responsible for repayment of all monies, services and benefits for which you were not entitled. Additionally, you may also be barred from program participation, criminally prosecuted and/or otherwise penalized according to state and federal law

Have you ever been determined to have committed an Intentional Program Violation (IPV)?

YES NO

If YES, in what State? _____

H. AUTHORIZATION

By signing this application, I am authorizing the Department of Health and Human Services to make any investigation concerning me or any other member of my household which is

necessary to determine eligibility for benefits received or to be received under programs administered by the Division of Welfare and Supportive Services. I hereby authorize and consent to the release of any and all information concerning me and/or my household members to the Division of Welfare and Supportive Services by the holder of the information regardless of the manner or form held, including by, without limitation, wage information, information made confidential by law or otherwise privileged under NRS 422A.320 or any other provision of law or otherwise. . I authorize the Energy Assistance Program to release information about my household, to include energy usage information, to the State of Nevada Housing Division, Weatherization Assistance Program, for potential eligibility in weatherizing my residence. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. **I ACKNOWLEDGE THAT A REPRODUCED COPY OF THIS AUTHORIZATION LEGALLY CONSTITUTES AN ORIGINAL COPY.**

If I am 60 years of age or older, I hereby consent to the disclosure of my identity and waive my rights as an older person to have my identity kept confidential. I hereby release the holder of information from liability, if any, resulting from the disclosure of the required information.

I consent that the Division of Welfare and Supportive Services or its representatives may survey my energy usage, advise vendors or assistance grants, and status at the time of certification. I consent that the Division of Welfare and Supportive Services use Social Security Numbers (SSNs) provided on this application to verify factors of energy assistance

program eligibility, which may include automated data exchanges with the Social Security Administration.

I agree to notify the Energy Assistance Program of any changes in my household circumstances that may affect my benefits. I understand failure to report changes may cause an overpayment, which I would be responsible to pay back and could even be prosecuted by a court of law. I swear I have honestly reported the citizenship of myself and anyone I am applying for.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.

Print Name of Applicant:

Signature of Applicant:

Date: _____

Print Name of Other Adult
Member(s) in Household:

**Signature of Other Adult
Member(s) in Household:**

Date: _____

Print Name of Other Adult
Member(s) in Household:

**Signature of Other Adult
Member(s) in Household:**

Date:

WITNESS: (Use if applicant cannot read or write or is blind.) I have assisted with the completion of this application for Energy Assistance. The information in this application has been read to the applicant and I have witnessed the above signature.

Print Name of Witness

Signature of Witness

Date

Division of Welfare and Supportive Services
ENERGY ASSISTANCE PROGRAM
NOTICE OF RIGHTS AND OBLIGATIONS

***** PLEASE READ AND SIGN BELOW *****

A. You have the following RIGHTS:

1. No person will be discriminated against for any reason, i.e., race, age, color, religion, sex, disability, handicap (including AIDS and AIDS related conditions), political belief or national origin, in any program administered by the Division of Welfare and Supportive Services. When the Energy Assistance Program (EAP) pays another agency, institution or person to provide EAP services to a household, the vendor is not permitted to discriminate for any reason. Violations of discrimination shall be promptly reported to the Energy Assistance Program office, the Division of Welfare and Supportive Services Administrator, 1470 College Parkway, Carson City, Nevada 89706-7924, (775) 684-0500, the U.S. Office for Civil Rights (OCR), Department of Health and Human Services, 50 United Nations Plaza, San Francisco, California 94102, (415) 437-8310, TDD (415) 437-8311 or by calling toll free 1-800-368-1019.
2. You have the right to a conference if you believe you have been unfairly treated or a mistake has been made concerning your eligibility for assistance. To request a conference, write or call the Energy Assistance Program.

3. You have the right to a hearing if you are not satisfied with the agency's action affecting your assistance if you request the hearing, in writing, within ninety (90) days of the agency's action/decision, unless the sole issue for the agency's action/decision is one of state or federal law requiring automatic benefit adjustment. You have the right to a hearing if your application for benefits is denied, reduced, acted upon erroneously, or not acted upon with reasonable promptness.
4. You have the right to a mailed notice of decision telling you if you are eligible for program benefits and in what amount, to whom payments will be made, and the approximate payment date(s); **or** a notice informing you that you are not eligible for program benefits and why.
5. Program staff is required to:
 - Inform applicants of the eligibility requirements for the program;
 - Counsel on required documents; and/or
 - Provide assistance to the applicant, when needed.

B. You have the following OBLIGATIONS:

1. Notify the Energy Assistance Program **within ten (10) days** of any of the following. Failure to do so may delay processing your application, or result in denial of benefits or a reduction in benefits.
 - Any change in your household income **or** household size (number of people residing in the household);
 - If you change utility companies; or
 - If you move anytime after submitting your application.

2. Respond to any requests for additional information needed to process your application **within ten (10) days**. It is your responsibility to ensure the requested materials are mailed or faxed early enough to meet the deadline provided to you. The Energy Assistance Program is not responsible for lost or misdirected mail, or faxes. (Be sure your name and SSN or UPI are on all documents/correspondence.)
3. Cooperate with the Energy Assistance Program in its efforts to secure all information necessary to determine eligibility or benefits.

C. SPECIAL NOTE:

1. If you are applying for the Energy Assistance Program, you may receive help with your heating and/or electric bills. **BUT REMEMBER, YOU MUST KEEP PAYING YOUR BILLS WHEN THEY ARE DUE.** If you do not pay them, the company can charge more money for paying late. The utility company can even turn off your service and you may be required to pay a deposit before they will turn your service on again. *If you cannot pay your bill, contact the utility company and try to make payment arrangements.*
2. Persons found guilty of intentionally violating program rules will be ineligible for program participation for one (1) year for the first violation, two (2) years for the second violation, and permanently barred from the program for the third violation.

My signature below indicates I understand the Rights and Obligations as an applicant for the Energy Assistance Program.

Print Name of Applicant/Recipient:

Signature of Applicant/Recipient:

Date:

**IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW,
WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?**

(Please check one)

YES NO

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The **NATIONAL VOTER REGISTRATION ACT** provides you with the opportunity to register to vote at this location. If you would like help in filling out a 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.

IMPORTANT NOTICE: Applying to register or declining to register to vote **WILL NOT AFFECT** the amount of assistance you will be provided by this agency.

Signature

Date

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, Nevada 89710.

