

LIHEAP Intake Staff Training

Handout 3: Sample Application

Agency: Amity Community Action	Interviewer: J. Crew, Intake Spec.	Date of Application: 11/29/2016
--------------------------------	------------------------------------	---------------------------------

A. Please complete the information for all Household Members:

1. Applicant Name (include last, first, middle)	Birthdate MM/DD/YYYY	Sex M/F	Social Security Number	Child (Under 6)	Elderly (Over 60)	Disabled	Citizen	Relationship (to applicant)
SMITH, John W.	4/1/1987	M	XXX-XX-1001			Yes	Yes	head
2. Name (include last, first, middle)	Birthdate MM/DD/YYYY	Sex M/F	Social Security Number	Child (Under 6)	Elderly (Over 60)	Disabled	Citizen	Relationship (to applicant)
SMITH, Jane L.	7/15/1989	F	XXX-XX-1115				Yes	wife
3. Name (include last, first, middle)	Birthdate MM/DD/YYYY	Sex M/F	Social Security Number	Child (Under 6)	Elderly (Over 60)	Disabled	Citizen	Relationship (to applicant)
Ramirez, Tommy	9/1/2009	M	XXX-XX-1213	Yes			Yes	wife's son
4. Name (include last, first, middle)	Birthdate MM/DD/YYYY	Sex M/F	Social Security Number	Child (Under 6)	Elderly (Over 60)	Disabled	Citizen	Relationship (to applicant)
SMITH, Lucy	12/1/2014	F	no	Yes			Yes	daughter
4. Name (include last, first, middle)	Birthdate MM/DD/YYYY	Sex M/F	Social Security Number	Child (Under 6)	Elderly (Over 60)	Disabled	Citizen	Relationship (to applicant)
BRANSON, Arthur G.	7/15/1953	M	XXX-XX-9102		Yes	Yes	Yes	Father-in-law
Home (Physical) Address (Street, Apt. Number, City, State & ZIP) 1633 Treasure Lane, Amityville								County Suffolk
Mailing Address (Street, Apt. Number, City, State & ZIP) same								Phone No. 266-3211

B. Please Circle Y/N:

Y	<input checked="" type="radio"/> N	Do you require any accommodations or assistance in order to complete this application?
Y	<input checked="" type="radio"/> N	Do you read, write and understand English?
Y	<input checked="" type="radio"/> N	Is there any member of your household who is <i>not</i> an American Citizen? If so, enter member number(s):
<input checked="" type="radio"/> Y	<input type="radio"/> N	Does any member of your household have a medical condition that is more dangerous because of the current heating situation?

C. Please enter information for Household Members who have income (see instructions regarding income):

Household Member No.	1.	Type/Source of Income	Gross Income	Frequency
	1.	Carpenter/ A.G Branson Company	\$175 week bring home	hourly/weekly/biweekly/semimonthly/monthly
	2.	Social security on his dad	\$210 month	hourly/weekly/biweekly/semimonthly/monthly
	4.	Social security check	\$656 month	hourly/weekly/biweekly/semimonthly/monthly

D. Please check boxes in reference to your Household (see instructions):

OCCUPANCY TYPE	DWELLING TYPE	PRIMARY HEAT SOURCE	Applying for Regular Benefit	Utility Shut off/ Out of Fuel	Disconnect Notice/ Nearly Depleted Fuel
<input type="checkbox"/> Rent Home / Heat Included	<input checked="" type="checkbox"/> Single, Site Built	<input checked="" type="checkbox"/> Natural Gas	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Rent Home / Paying for Heat	<input type="checkbox"/> Duplex	<input type="checkbox"/> Electric	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Own Home / Paying for Heat	<input type="checkbox"/> Apartment, Condo	<input type="checkbox"/> Propane			
<input type="checkbox"/> Rent Subsidized / Paying for Heat	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Fuel Oil			
<input type="checkbox"/> Rent Subsidized / Heat Subsidized		<input type="checkbox"/> Coal			
<input type="checkbox"/> Other (roomer, boarder)		<input type="checkbox"/> Kerosene			
		<input checked="" type="checkbox"/> Wood, Pellets	<input checked="" type="checkbox"/>		
<input checked="" type="radio"/> Y	<input type="radio"/> N	Is your heating appliance operating?			
Explain any crisis situation which you are experiencing with your heat: G&E they sent Dad a bill I can't pay since my husband hurt his back at work and they are going no heat next week except if we can get pellets when Tommy's check comes in the third					
Name of Utility Company or Fuel Dealer Amityville Gas & Electric Co			Account Number 1112586945 G		
Address Amityville			Name on Account Arthur Branson		
Y	<input type="radio"/> N	Does your heating appliance require a secondary utility to operate (i.e. electricity)? I don't know			
Name of Electric Company (non-heat) Amityville G & E			Account Number 1112586945 E		