IDAHO DEPARTMENT OF HEALTH & WELFARE

REV 09/15/2025

Application for Energy Assistance & CSBG Services

Utility Assistance

The Low-Income Home Energy Assistance Program (LIHEAP) helps families pay utility costs for heating their home.

Weatherization

The Weatherization Assistance Program (WAP) helps families reduce heating and cooling costs and improves the safety of their homes.

CSBG

The Community Services Block Grant (CSBG) helps low-income individuals and families overcome barriers by supporting access to essential services like housing, employment and basic needs.

WHO **can use this application**	Anyone can use this application to: • Apply for assistance for themselves and/or their household members • Apply for just one type of assistance or for multiple types of assistance
WHAT **you may need to provide to apply**	Providing the following information may help us determine your eligibility faster: • Proof of citizenship for each household member or legal status in the U.S. for non-citizens • Social Security numbers for each household members • Proof of income for each household member for the prior month. • Copies of your most recent utility bills We may need other proof, but we will ask for this only if we need it.
WHY **we ask for this information**	We keep all information private and secure, as required by law. We ask for this information for a few reasons: • To figure out what types of assistance you qualify for • To figure out how much assistance you qualify for • To make sure you get the right amount of assistance based on your situation **Equal opportunity for applicants** In accordance with federal law and Office of Community Services (OCS), Administration for Children and Families, U.S Department of Health and Human Services (HHS) policy, the Idaho Department of Health and Welfare and Community Action Agencies are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, contact HHS at: Centralized Case Management Operations U.S. Department of Health and Human Services — Fax: (202) 401-9333 200 Independence Ave. S.W. Room 509F, HHH Bldg — Email: OCRComplaints@hhs.gov Washington, D.C. 20201 — Phone: (202) 205-8347
Appeal/Hearing Rights	You have the right to ask for a hearing if you disagree with the decision made about your assistance benefits. You have thirty (30) days in which to request a fair hearing. This timeframe begins the day after the notice was given or mailed to you. To request a hearing, please use one of the following methods: • Call your local Community Action Agency listed on the page below • Email us at mybenefits@dhw.idaho.gov • Fill out and submit the Fair Hearing Request Form at mybenefitforms.dhw.idaho.gov. At the hearing, you may represent yourself or use legal counsel, a relative, a friend , or other spokesperson to represent you.
Fraud, Waste, and Abuse	Fraud is any intentional action leading a participant, partner agency, or utility provider to receive or provide benefits for which they are not entitled. Waste/Abuse is the intentional misuse of funding. You can report fraud, waste or abuse by calling us at the number below or completing our online welfare fraud reporting form using this link: https://healthandwelfare.idaho.gov/report-welfare-fraud Phone: 866-635-7515. Phone calls are answered by the 2-1-1 Idaho CareLine, Monday-Friday, 8:00 AM-6:00 PM (MT). After hours, calls are directed to a voicemail.
Privacy Act and Information Release	Under Section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552 a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested. You may retain this statement for your records. Authority: The specific authority for the maintenance of this report is in sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94 385. These sections direct Federal and State agencies, which are sponsoring these programs, to monitor the effectiveness of the programs, and to require the local Non-Profit agency implementing the programs to keep records to enable program monitoring. Your responses to the request for information are entirely voluntary, however should you decline to provide the information requested, you will not be considered for assistance.

How to Submit this Application

If you live in this county: ↓	**Mail, email, or drop-off your complete, signed applications and verifications to**:	
Ada, Owyhee, Elmore	El Ada Community Action Agency, Inc 701 E. 44th St. Garden City, Idaho 83714	Phone: 208-322-1242 Website: **www.eladacap.org** Email: L**IHEAP**@eladac**ap.org**
Adams, Boise, Canyon, Gem, Payette, Valley, Washington	Western Idaho Community Action Partnership, Inc. 315 S. Main St. Payette, Idaho 83661	Phone: 888-900-7361 Website: **www.wicap.org** Email: LIHEAP@wicap.org
Bingham, Bonneville, Canyon, Cassia, Power, Twin Falls	Community Council of Idaho 317 Happy Day Blvd. #180 Caldwell, Idaho 83607	Phone: 208-454-1652 Website: **www.communitycouncilofidaho.org** Email: LIHEAP@ccimail.org
Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton	Eastern Idaho Community Action Partnership, Inc. 935 E. Lincoln Rd. Idaho Falls, Idaho 83401	Phone: 208-542-8178 Website: **www.eicap.org** Email: energy@eicap.org
Benewah, Bonner, Boundary, Clearwater, Idaho, Latah, Lewis, Kootenai, Nez Perce, Shoshone	Community Action Partnership, Inc. 124 New 6th St. Lewiston, Idaho 83501	Phone: 800-326-4843 Website: **www.cap4action.org** Email: ea@cap4action.org
Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power	SouthEastern Idaho Community Action Agency, Inc. 641 N. 8th Avenue Pocatello, Idaho 83201	Phone: 208-232-1114 Website: www.seicaa.org Email: energy@seicaa.org
Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls	South Central Community Action Partnership, Inc. 550 Washington St. S Twin Falls, Idaho 83301	Phone: 208-736-0676 Website: **www.sccap-id.org** Email: kayleen@sccap-id.org

Household Information

Which type of assistance are you requesting? (*check all that apply*)

Application Date: _____

☐ **Utility Assistance Heat**
Low Income Home Energy Assistance Program (LIHEAP)

☐ **Weatherization**
Low-Income Weatherization Assistance Program (WAP)

☐ **CSBG**
Community Services Block Grant

☐ **Other:** _____

☐ Are you currently without heat or at risk of losing your heating utility?

☐ Does anyone in your household have a medical condition that is affected by the loss of heat?

Applicant Full Name	First	Last	MI		
Physical address	Street	City	State	Zip	County
Mailing address *(if different)*	Street	City	State	Zip	County
Email					
Primary phone			Phone type: ☐ Home ☐ Cell ☐ Work		
How would you like to receive your benefit notification?	☐ Mail	☐ Email			
Household Type	☐ Single Person ☐ Adults, No Children ☐ Multigenerational ☐ Two Parents w/ Children ☐ Single Parent ☐ Non-related Adults w/Children ☐ Other				
Number of Household Members Count All persons living in your home	_____	How long have you lived in your home? ☐ Less than 12 months ☐ 12 months or more			
Occupancy Status	☐ Own ☐ Rent, Utilities Included ☐ Rent, Utilities Billed Separately ☐ Rent Subsidized ☐ Homeless ☐ Other permanent housing				
Housing Type	☐ Single Family Home ☐ Manufactured/Mobile Home over 40 ft. ☐ Travel Trailer/RV/Mobile Home under 40 ft. ☐ Duplex (2 units) ☐ Triplex (3 units) ☐ Quadplex (4 units) ☐ Apartments (more than 4 units)				
(Internal Use Only) Client ID #					

Copy this page or attach another sheet if you need to provide more information than space allows.

People in your household

Please provide details regarding everyone who lives in your home, listing the Applicant/Head of Household first. If there are more household members that cannot be included on this form, please use the attached additional page.

Applicant Full Name	First Last MI
Date of Birth	
Social Security Number	
Sex	☐ Male ☐ Female ☐ Other
Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino
US citizen or national	☐ No ☐ Yes
If not a citizen, has eligible immigration status	☐ No ☐ Yes, complete a and b
a. Immigration document type	☐ Permanent Resident Card or Alien Registration Receipt Card ☐ Employment Authorization Document Card ☐ Foreign Passport & I-94/I-94A with work endorsement ☐ Foreign Passport & I-551 stamp/I-551 printed notation
b. Document ID number	
Race	☐ White ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native/Indigenous ☐ Asian/Asian American ☐ Black/African American/African ☐ Multi-race ☐ Other
Military Status	☐ Veteran ☐ Active ☐ Never Served
Disabling Condition	☐ No ☐ Yes
Employment	☐ Full-Time ☐ Part-Time ☐ Unemployed, under 6 months ☐ Unemployed, over 6 months ☐ Retired ☐ Migrant or Seasonal Farmworker ☐ Not in Labor Force ☐ None ☐ Other
Income Sources (Check All That Apply)	☐ Wages ☐ Social Security ☐ Retirement ☐ Child Support ☐ Alimony/Spousal Support ☐ SSI ☐ SSDI ☐ TAFI ☐ EITC ☐ AABD ☐ Unemployment ☐ Annuity ☐ Private Disability Insurance ☐ VA Service Disability ☐ VA Non-Service Disability ☐ Worker's Comp ☐ Disability ☐ Pension ☐ None ☐ Other: _____
Non Cash Benefits (Check All That Apply)	☐ SNAP ☐ WIC ☐ Housing Choice Voucher ☐ Public Housing ☐ HUD-VASH ☐ Child Care Voucher ☐ Affordable Care Act Subsidy ☐ None ☐ Other: _____
Health Insurance	☐ Medicaid ☐ Medicare ☐ Children's Health Insurance Program ☐ State Adult Health Insurance Program ☐ Direct-Purchase ☐ Military ☐ Employment ☐ None
Currently attending school	☐ No ☐ Yes
Highest education completed	☐ Grade 0-8 ☐ Grade 9-12, Non-Graduate ☐ High School Graduate ☐ GED ☐ Some College ☐ College Graduate ☐ Trade School or Other

Continue telling us about people in your household

Full Name	First	Last	MI
Relationship to you			
Date of Birth			
Social Security Number			
Sex	☐ Male ☐ Female ☐ Other		
Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino		
US citizen or national	☐ No ☐ Yes		
If not a citizen, has eligible immigration status	☐ No ☐ Yes, complete a and b		
a. Immigration document type	☐ Permanent Resident Card or Alien Registration Receipt Card ☐ Employment Authorization Document Card ☐ Foreign Passport & I-94/I-94A with work endorsement ☐ Foreign Passport & I-551 stamp/I-551 printed notation		
b. Document ID number			
Race	☐ White ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native/Indigenous ☐ Asian/Asian American ☐ Black/African American/African ☐ Multi-race ☐ Other		
Military Status	☐ Veteran ☐ Active ☐ Never Served		
Disabling Condition	☐ No ☐ Yes		
Employment	☐ Full-Time ☐ Part-Time ☐ Unemployed, under 6 months ☐ Unemployed, over 6 months ☐ Retired ☐ Migrant or Seasonal Farmworker ☐ Not in Labor Force ☐ None ☐ Other		
Income Sources (Check All That Apply)	☐ Wages ☐ Social Security ☐ Retirement ☐ Child Support ☐ Alimony/Spousal Support ☐ SSI ☐ SSDI ☐ TAFI ☐ EITC ☐ AABD ☐ Unemployment ☐ Annuity ☐ Private Disability Insurance ☐ VA Service Disability ☐ VA Non-Service Disability ☐ Worker's Comp ☐ Disability ☐ Pension ☐ None ☐ Other: _____		
Non Cash Benefits (Check All That Apply)	☐ SNAP ☐ WIC ☐ Housing Choice Voucher ☐ Public Housing ☐ HUD-VASH ☐ Child Care Voucher ☐ Affordable Care Act Subsidy ☐ None ☐ Other: _____		
Health Insurance	☐ Medicaid ☐ Medicare ☐ Children's Health Insurance Program ☐ State Adult Health Insurance Program ☐ Direct-Purchase ☐ Military ☐ Employment ☐ None		
Currently attending school	☐ No ☐ Yes		
Highest education completed	☐ Grade 0-8 ☐ Grade 9-12, Non-Graduate ☐ High School Graduate ☐ GED ☐ Some College ☐ College Graduate ☐ Trade School or Other		

Copy this page or attach another sheet if you need to provide more information than space allows.

Continue telling us about people in your household

Full Name	First	Last	MI
Relationship to you			
Date of Birth			
Social Security Number			
Sex	☐ Male ☐ Female ☐ Other		
Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino		
US citizen or national	☐ No ☐ Yes		
If not a citizen, has eligible immigration status	☐ No ☐ Yes, complete a and b		
a. Immigration document type	☐ Permanent Resident Card or Alien Registration Receipt Card ☐ Employment Authorization Document Card ☐ Foreign Passport & I-94/I-94A with work endorsement ☐ Foreign Passport & I-551 stamp/I-551 printed notation		
b. Document ID number			
Race	☐ White ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native/Indigenous ☐ Asian/Asian American ☐ Black/African American/African ☐ Multi-race ☐ Other		
Military Status	☐ Veteran ☐ Active ☐ Never Served		
Disabling Condition	☐ No ☐ Yes		
Employment	☐ Full-Time ☐ Part-Time ☐ Unemployed, under 6 months ☐ Unemployed, over 6 months ☐ Retired ☐ Migrant or Seasonal Farmworker ☐ Not in Labor Force ☐ None ☐ Other		
Income Sources (Check All That Apply)	☐ Wages ☐ Social Security ☐ Retirement ☐ Child Support ☐ Alimony/Spousal Support ☐ SSI ☐ SSDI ☐ TAFI ☐ EITC ☐ AABD ☐ Unemployment ☐ Annuity ☐ Private Disability Insurance ☐ VA Service Disability ☐ VA Non-Service Disability ☐ Worker's Comp ☐ Disability ☐ Pension ☐ None ☐ Other: _____		
Non Cash Benefits (Check All That Apply)	☐ SNAP ☐ WIC ☐ Housing Choice Voucher ☐ Public Housing ☐ HUD-VASH ☐ Child Care Voucher ☐ Affordable Care Act Subsidy ☐ None ☐ Other: _____		
Health Insurance	☐ Medicaid ☐ Medicare ☐ Children's Health Insurance Program ☐ State Adult Health Insurance Program ☐ Direct-Purchase ☐ Military ☐ Employment ☐ None		
Currently attending school	☐ No ☐ Yes		
Highest education completed	☐ Grade 0-8 ☐ Grade 9-12, Non-Graduate ☐ High School Graduate ☐ GED ☐ Some College ☐ College Graduate ☐ Trade School or Other		

Utility Vendor Details

Primary Heat Source (Select One)	☐ Electricity ☐ Coal ☐ Propane (Delivered) ☐ Wood ☐ Wood Pellets ☐ Natural Gas ☐ Oil ☐ Propane (Bottles) ☐ Energy Logs
Primary Heat Vendor	Account Number
Are your Primary Heating costs included in your rent? (Select one)	☐ No ☐ Yes, my landlord provides my primary heat source without billing me for it ☐ Yes, the primary heating bill is in the landlord's name, but I pay a set amount/the full cost each month
Do you receive a utility voucher?	☐ No ☐ Yes If yes, does the voucher cover your full utility cost? ☐ No ☐ Yes
Are you facing an emergency with your Primary Heat Source? (Select one)	☐ No ☐ Yes, my utility has been disconnected ☐ Yes, I will be disconnected on: _____
If you have lived at your current address for at least 12 months and your primary heating comes from propane, oil, coal, or wood, answer the following:	12 Month Cost of your Primary Heat Source: $_____
	12 Month total usage of your Primary Heat Source: $_____
Electricity Vendor	Account Number
Idaho Power Service Agreement Number	
Are you facing an emergency with your electricity account? (Select one)	☐ No ☐ Yes, my utility has been disconnected ☐ Yes, I will be disconnected on: _____
Secondary Heat Source (Select One)	☐ Electricity ☐ Coal ☐ Propane (Delivered) ☐ Wood ☐ Wood Pellets ☐ Natural Gas ☐ Oil ☐ Propane (Bottles) ☐ Energy Logs
Other Heating Vendor(s)	Account Number

System Assessment

*Complete this section **only** if you are applying for Weatherization Assistance or if your heating system is not working.

Heating System Condition	☐ Works	☐ Failing	☐ Doesn't work	☐ I do not have a heating system
Water Heater Condition	☐ Works	☐ Failing	☐ Doesn't work	☐ I do not have a water heater
Cooling System Condition	☐ Works	☐ Failing	☐ Doesn't work	☐ I do not have a cooling system

Zero Income Declaration

Complete this section **only** if all household members in your home had no income in the previous month.
Briefly explain how your household's basic living needs for the previous month have been met:

Shelter	Food	Utilities

Participant Certification

Please sign below to certify the accuracy of the information you provided.

I understand that completion of this application does not constitute immediate approval for assistance.

I hereby give my permission for the release of any information needed to process this application to a representative of the Idaho Department of Health and Welfare (IDHW) and/or Non-Profit agency, organization, their designee, or to any state and federal agency as required by law, and that this information will be used upon request in determining eligibility for other agency programs or services.

I understand my information will be held in accordance with IDHW Confidentiality Regulations.

I hereby authorize my utility vendor(s) to provide my billing and usage data to the representative of IDHW and/or this agency or their designee.

Under penalty of perjury, I certify that the information contained in this application is true and correct. I declare that I am applying for all people living in my home.

If requesting LIHEAP, I understand that I am applying for federal benefits and that I could be ineligible to receive LIHEAP benefits for up to twelve (12) months and be required to return any benefits I receive if I willfully misrepresent and/or conceal facts used to be determined eligible. I assure that any LIHEAP payments received will be used solely for my household's home energy costs and will not be shared and/or sold to anyone outside of the household listed on this application.

If requesting weatherization services, I understand completion of this application does not guarantee any weatherization work being done on my house and I may be required to repay any expense for weatherization services I receive if I willfully misrepresent and/or conceal facts. I am authorizing the weatherization of my house at no cost to me or my family and, if applicable, authorizing the agency to contact my landlord for permission to weatherize the home.

If requesting CSBG services, I understand that I am applying for federal benefits and that I could be ineligible to receive CSBG benefits for up to twelve (12) months and be required to return any benefits I receive if I willfully misrepresent and/or conceal facts used to be determined eligible.

Signature (must be completed)

Printed name of Applicant	Signature of Applicant	Date
Printed name of Agency Representative	Signature of Agency Representative	Date