

**INFORMATION REQUEST (LIHEAP-1B)**

**Purpose:** To provide notification to LIHEAP applicants of information they must provide to establish eligibility for heating/cooling assistance.

**Number of Copies and Distribution:** Two copies; original given or mailed to the applicant, copy must be filed in the case record.

**Instructions for Completion:** This form may be typed or printed in ink.

**Date:** Enter date the form is given/mailed to the applicant.

**Applicant Name:** Enter the applicant's name.

**Social Security Number:** Enter the applicant's Social Security Number.

**Required Return Date:** Enter the month, day and year the requested information is due.

This date must be at least 10 days from the date the form is given/mailed to the applicant. If the 10<sup>th</sup> day falls on a weekend or holiday, the due date must be the next working day. An additional 5 days can be given for mailing.

1. **Proof of Social Security Number(s):** Enter the household member(s) name that Social Security Number documentation is needed on. If more than three (3) members, will need to add to box 7 (other).
2. **Proof of Age:** Enter the household member(s) name that age documentation is needed on. If more than three (3) members, will need to add to box 7 (other).
3. **Proof of Permanent Residence For:** Enter the household member(s) name that permanent resident documentation is needed on. If more than three (3) members, will need to add to box 7 (other).
4. **Resource Documentation:** Check the appropriate box(s) if resource documentation is needed on any household member. List any specific member(s) name in box 7 (other).
5. **Proof Of Heating/Cooling Account:** Check the appropriate box(s) to indicate if fuel supplier information, account information, or landlord information is needed.
6. **Proof of All Income:** Enter the household member(s) name, indicating the requested month and year the income documentation is being requested for. Check any applicable boxes for other sources of income being requested.
7. **Other (Explain)** This section may be used to request information not identified elsewhere on this form or to add member names when additional space is needed.

**Worker Name/Phone Number/Fax Number:** Enter the contract agency worker name, telephone number, and fax number that is requesting the information.

**Return Address Information:** Enter contract agency address information should be returned to in order to assist the applicant in returning the requested information.