



# New Mexico Human Services Department

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

INCOME SUPPORT DIVISION

Name - Complete a line for all persons living in your home including yourself.	Social Security Number	Birth Date	FOR AGENCY USE ONLY					
			C	E	R	D	Monthly Income	
Case Name								
Mailing Address - No. & Street/ PO Box/ R. Rt./ Apt. No.						<b>Total</b>		
City	State	Zip Code	Interview Date					
Home Address - No. & Street/ R. Rt./ Apt. No.								
City	State	Zip Code	Case Approval Date					
<b>LITAP</b> - Low Income Telephone Assistance Program - Households who receive LIHEAP or have a member who receives Medicaid are eligible for discounts on hook up and/or monthly service.			Home Telephone Number		Your Telephone Company			
			(      )					
If my family is eligible for LIHEAP, I give HSD permission to tell my telephone company that my family is eligible for the Low Income Telephone Assistance Program discount. Initial to give permission _____ .								
Write on the line which one expense you want LIHEAP to help you pay: _____ (gas, electric, propane, wood, etc.) Place a mark in front of the word that best describes your home: ___ house    ___ apartment (# of units ___ ) ___ single-wide mobile home    ___ double-wide mobile home								
I understand that an HSD staff member may contact my utility company/landlord to get information or to notify the company about my LIHEAP benefit if I have a crisis situation. I agree to allow my gas or electric utility or bulk fuel company to provide LIHEAP with information concerning my account(s) with it. I understand and agree that if I ask for utility assistance with another agency, LIHEAP staff may provide information about my LIHEAP case to that agency.								
Signature _____				Date _____				

FOR AGENCY USE ONLY																				
RG	Crisis	UI / W	FAA #	LIHEAP Worker Name and # (Please Print)																
<b>SHLT/ UTIL</b>	SHLT	UTIL	Lives in Subsidized Housing? . . <b>NO</b> stop . . . <b>YES</b> continue						UTIL ASSIST \$ _____											
	Utilities Included in Rent? . . . . <b>YES</b> stop . . <b>NO</b> continue						TOTAL UTIL COST _____													
	Receives Utility Assistance . . . . <b>NO</b> stop . . . <b>YES</b> continue						- \$ ELIGIBLE/+ \$ INELIGIBLE													
<b>VENDOR DATA:</b>		Name on Account (Responsible Person)				Vendor Number		Account Number												
Mthly Utility Exp	÷	Mthly Gross Income	=	Energy Burden	or	Matrix Used	=	Energy Cost Pts	+	HH	+	Income	+	60 or over	+	6 or under	+	Dis-ability	=	<b>TOTAL POINTS</b>
<b>BENEFIT DETERMINATION:</b>		<input type="checkbox"/> Eligible    Total pts _____ X Point Value _____ = Benefit amount _____ <input type="checkbox"/> Not Eligible    Manual Section _____																		

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217, or TDD 1-800-609-4TDD or through the New Mexico Relay System TDD at 1-800-659-8331. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (4/23/01)

## **RIGHTS & RESPONSIBILITIES**

### **REPORTING INFORMATION**

I certify under penalty of perjury that the information I have given in this application (form & interview) is true, complete, and correct to the best of my knowledge, including information I have given on the U.S. citizenship or immigration status of all household members.

### **PROVIDING INFORMATION**

A household that applies for or receives LIHEAP must provide all information and proof needed to determine eligibility for benefits for all household members. If the information or proof is incorrect, a household's LIHEAP application may be denied. If a household fails to report correct information and this results in lower benefits, any adult household member will be responsible for paying back benefits the household was not eligible to receive

**The information given on any application must be true complete and correct, including information about the U.S. citizenship or immigration status of any household member.**

### **FRAUD PENALTIES**

A person may be subject to criminal prosecution by a court of law for knowingly giving incorrect or false information in order to get LIHEAP benefits.

### **FAIR HEARING RIGHTS**

If I do not agree with a decision made on any matter concerning my household's participation in any program through HSD, I understand that I, or my representative, may ask for a fair hearing. You may ask for a hearing by calling 1 800 432-6217 or by writing to Human Services Department P.O. Box 2348, Santa Fe, NM 87504-2348. You must ask for a fair hearing within 90 days of the date on the notice that is mailed to your household. I understand that I have the right to examine, prior to the hearing, my case record and any documents used in the determination of the appealed action.

I understand that my case may be presented by myself, another household member, or a person I have asked to represent my household, such as a friend or relative. I understand that I have the right to have legal counsel represent my household in the hearing.

### **CIVIL RIGHTS STATEMENT**

All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, sex, age, religion, political beliefs or disability, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department Central Office or the local Human Services County Office. Complaints about discrimination in the Low Income Home Energy Assistance Program may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202 or call free of charge: 1-800-368-1029 voice and 214 767-8940 (TDD).

### **YOUR INTERVIEW**

Every application must be followed by an interview. You will be asked about your household, and to provide proof for the information you give. The information that you give at your interview will be used to determine eligibility and benefit amount.

### **SOCIAL SECURITY NUMBERS**

Social Security numbers (SSNs) are used to check the identity of household members, to prevent households from getting more benefits than they should and to identify groups of cases that must be changed. SSNs are used in program reviews and audits.

**CITIZENSHIP** All persons who receive benefits must be U.S. citizens. Certain legal aliens can receive benefits. The alien status of any person who is a mandatory household member may be verified by contacting the U.S. Department of Homeland Security. This information may change your eligibility or benefits.

### **CONFIDENTIALITY**

I understand that all information given to the Department is confidential. All information will be used solely for the purposes of establishing eligibility, amount of benefits, or for providing services. By law, confidential information may be released to other agencies involved in the administration of a federal or a federally assisted program that provides income supplement benefits.