

Get help paying for your utilities through the Low Income Home Energy Assistance Program (LIHEAP) and the Utility Discount Programs (UDP)  
 Complete this form to get help paying for your electricity, gas, oil, and/or water bills. We—DC Government—will reduce the cost of your utility bills from PEPCO, Washington Gas, C & M Oil, Griffith Oil, and/or DC Water. You can visit [DOEE.DC.Gov/liheap](http://DOEE.DC.Gov/liheap) and apply online.

## 1. Tell us about yourself

|                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                        |      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|
| Full Name:                                                                                                                                                                                                                                                                            |  | Date of Birth:<br>(MM/DD/YYYY)                                                                                                                                                                                                                                         | SSN: |  |
| Email:                                                                                                                                                                                                                                                                                |  | How would you like us to contact you? (choose all that apply) <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Mail <input type="checkbox"/> Call                                                                                 |      |  |
| Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Landline                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                        |      |  |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary                                                                                                                                                                              |  | Are you Hispanic/Latinx? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                      |      |  |
| Race (select one) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/ Afr. American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> Prefer not to say                                                                                                                                                                                                                             |      |  |
| What is your primary language?                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Amharic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> French <input type="checkbox"/> _____ |      |  |
| Are you interested in receiving future communications about other DOEE programs?                                                                                                                                                                                                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                               |      |  |

## 2. Tell us about your home

|                                                                                                  |                                                                                                                                              |         |      |       |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-------|
| Home Address:                                                                                    |                                                                                                                                              | Unit #: | ZIP: | WARD: |
|                                                                                                  |                                                                                                                                              |         |      |       |
| Do you rent or own your current home? <input type="checkbox"/> Own <input type="checkbox"/> Rent | Which best describes your home? <input type="checkbox"/> Single-family home <input type="checkbox"/> Multi-Family (Apartment or Condominium) |         |      |       |

## 3. Tell us about your household's income

List everyone who lives in your home, including **yourself** and all children. To calculate monthly income, add up the money the person makes each month from working, as well as money received from social security, unemployment, child support, or pension payments. Please make sure to list everyone in your household, even if they do not have income.

| Name of household member | SSN | Date of birth<br>(MM/DD/YYYY) | Has a disability?<br>(Y/N) | Income (\$) | Frequency |
|--------------------------|-----|-------------------------------|----------------------------|-------------|-----------|
| <b>Yourself:</b>         |     |                               |                            |             |           |
|                          |     |                               |                            |             |           |
|                          |     |                               |                            |             |           |
|                          |     |                               |                            |             |           |
|                          |     |                               |                            |             |           |
|                          |     |                               |                            |             |           |
|                          |     |                               |                            |             |           |
|                          |     |                               |                            |             |           |

Turn over to the other side to complete this application.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**Need more room to write?** Attach another sheet of blank paper with this same information.

## 4. Tell us about your utilities

For utilities **not included in your rent**, provide your account number and name on the billing statement. Check your statements for account and/or service number(s).

|              |                                                                                                                                                                                                              |                           |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 4a. Water    | Is water included in your rent? <input type="checkbox"/> Yes   skip to Section 4b <input type="checkbox"/> No/I own my home   please fill out the next row                                                   |                           |
|              | Name on bill/account:                                                                                                                                                                                        | DC Water account #:       |
| 4b. Electric | Is electric included in your rent? <input type="checkbox"/> Yes   skip to Section 4c <input type="checkbox"/> No   please fill out the next row                                                              |                           |
|              | Name on bill/account:                                                                                                                                                                                        | PEPCO account #:          |
| 4c. Gas      | Is gas included in your rent? <input type="checkbox"/> Yes   skip to Section 4d <input type="checkbox"/> No   please fill out the next row                                                                   |                           |
|              | Name on bill/account:                                                                                                                                                                                        | Washington Gas account #: |
| 4d. Heating  | Is heating included in your rent? <input type="checkbox"/> Yes   skip to Section 5 <input type="checkbox"/> No   please fill out the next three rows                                                         |                           |
|              | Pay this vendor (Select one) <input type="checkbox"/> PEPCO <input type="checkbox"/> Griffith Oil <input type="checkbox"/> C&M Oil <input type="checkbox"/> Washington Gas                                   |                           |
|              | What is your primary heating source? <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other: _____ <input type="checkbox"/> I don't know |                           |
|              | Name on bill/account:                                                                                                                                                                                        | Heating account #:        |

## 5. Sign here to agree to our terms

- I swear that all information on this application—and all information I submitted or will submit in support of this application—is true, correct, and complete to the best of my knowledge, ability, and belief.
- I understand that I can be fined and/or imprisoned for making false statements. **Under D.C. law, making a false statement is punishable by criminal penalties, D.C. Code § 22-2405.**
- I understand that DOEE may collect my Social Security Number based on its authority under the Social Security Act of 1935, 42 U.S.C. §301, et seq.
- My signature on this application grants DOEE, or its designee, permission to contact any parties necessary to verify the information that I have provided.
- I understand that I will be notified if funding for utility assistance runs out or if this application is denied.
- I understand that, if I qualify, I may be enrolled by DOEE to receive assistance with my electric bill of an estimated \$500 annually through a community solar subscription provided through the Solar for All (SFA) program. By my signature below, I certify I have read, understood, and agree to the Terms and Conditions of the SFA program available online here: <https://doee.dc.gov/service/solarterms>
- If enrolled in the SFA program, I will notify DOEE within 60 days if I, for any reason, become ineligible to participate in the SFA program.
- I hereby grant permission to the utility companies to release my account number and account information to DOEE to determine eligibility for any / all utility assistance programs including the Low-Income Home Energy Assistance Program (LIHEAP) and the Low-Income Home Water Assistance Program (LIHWAP). This also includes information on any overdue payments. DOEE and its designee may use this information to assess the effectiveness of services provided to consumers by DOEE.
- I hereby grant permission to DOEE, or its designee, to use the information in my file for the purposes of verification, research, evaluation, and analysis, and provide the information:
  - ☐ to utility companies for rate classification purposes and marketing for the Utility Discount Programs only,
  - ☐ to other agencies and organizations from whom I may seek financial assistance.

 **Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 6. Gather documents & submit form

To submit your application, **gather the required materials** you need to include with this application:

- Copy of your government-issued **photo ID** or Alien Card (if applicable)
- Copy of Social Security card for each household member
- Copy of **gas, electric, and water bills**
- Proof of income for **each household member** (e.g. pay stubs, or documentation showing income from social security, unemployment, child support, or pension payments.). If your household has zero income, you are required to submit proof of zero income, which can be shown by filling out the zero-income form, available online at [doee.dc.gov/liheap](https://doee.dc.gov/liheap).

Then **mail this application to:** Attn: Utility Assistance Division, Department of Energy and Environment, 1200 First Street NE, 5th Floor, Washington, DC 20002 or send by fax to Ward 1-5 or 6(NE/NW) 202/671-0802 and Ward 6 (SE/SW) 7 & 8 to 202/673-6725. For more information, please call 311 (202/737-4404) or visit [DOEE.DC.GOV](https://DOEE.DC.GOV)