

New Mexico Health Care Authority- Income Support Division



HEALTH CARE AUTHORITY

LIHEAP Application

Low Income Home Energy Assistance Program

Si Ud. necesita este formulario en español, comuníquese con su trabajador(a)

THIS APPLICATION MAY ONLY BE USED FOR THE LIHEAP PROGRAM

Answer all the questions on the form. You must sign and date the last page of this application or it will not be valid. If you want to get another type of help that you do not already get, please contact your caseworker and ask for an HCA-100 or HCASP-100 application form.

1. Address

Write in your current physical and mailing address

Physical Address (your Home Address)	City	State	Zip Code	Telephone Contact # ()
Mailing Address (if different from your Home Address)	City	State	Zip Code	

2. You, and People Who Live with You

A. List names and information for yourself and all the people who live with you. You only have to give a Social Security Number and citizen information for the person(s) who want or will get help.

Name (First and Last)	Relationship	Social Security #	Gender M = Male F - Female	Date of Birth	Age	Race 1-5 (see below optional)	Tribal Affiliation	Ethnicity Hispanic Y/N (Optional)	Citizenship Immigration Status 1-23 (see below)	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(Self)									<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No

RACE: For each person applying for help, choose from the numbers below that best describe their Race and **write the numbers above.**

1-American Indian Alaskan Native	2 - Asian	3-Black or African American	4- Native Hawaiian or Pacific Islander	5 - White	6 -Other
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Citizenship Immigration States: For each person applying for help, choose from the numbers below that best describe their US Citizenship Immigration status and **write the numbers above.**

1-U.S. Citizen	2-Lawful Permanent Resident (LPR)	3- Lawful Temporary Resident (LTR)	4-Asylee	5-Refugee	6-Cuban/Haitian Entrant
7- Paroled into the U.S.	8- Conditional entrant granted before 1980	9-Battered spouse, parent or child	10- Victim of trafficking and spouse, child, sibling, parent	11- Individual with non-immigrant status (includes individuals with visas, and citizens of Micronesia, the Marshall Islands and Palau)	12-Granted or Applicant for Temporary Protected Status
13- Deferred Enforced Departure	14- Deferred Action Status	15- Granted withholding of deportation or withholding of removal	16- Applicant for withholding of deportation or withholding of removal	17- Applicant for special immigrant status with approved visa petition	18- Applicant for adjustment to LPR status, with approved visa petition
19- Applicant for Asylum	20- Registry applicant with Employment Authorization Documented (EAD)	21- Order of Supervision (with EAD)	22- Applicant for cancellation of removal or suspension of deportation (with EAD)	23- Other/Unsure	

B. If you are Native American, do you live on your Reservation? Yes No **If Yes, which one?** _____

C. Do you get SNAP, Medicaid, or Cash Assistance like TANF, GA, or SSI? Yes No

3. Income

A. Checkmark all sources of income (and benefits/help, if any) for all household members and attach proof of the income for the last 30 days.

- Employment
- Unemployment
- Retirement
- Cash Assistance
- Dividends
- Military
- Social Security
- Veterans' Compensation
- Tribal monies
- Workers Compensation
- Child Support
- Other _____

Tell us about the income for each person who lives in your home:

Person with Income	Income From?	\$ Amount (Before Taxes)	How Often? Weekly, Biweekly, Monthly, Semi-Monthly
		\$	
		\$	
		\$	
		\$	

4. Home Heating or Cooling

A. What do you pay for your home?

- Public Housing – \$0 rent
 Public Housing – I pay rent
 Renting – Not Public Housing
 Home Owner
 Living with Others –\$0 rent
 Living with Others – I pay rent
 Other _____

B. Do you need LIHEAP for: Heating or Cooling

C. Please choose one heating or cooling energy bill that you want help with and attach proof of the expense.

- Propane/Butane Natural Gas Wood
 Electric Coal Other _____

D. Do you have an energy emergency? Yes No

If Yes, check any of the items listed below that apply to you today.

- Furnace/boiler/heat system does not work
 I am out of fuel (propane, wood, pellets, coal, oil)
 I have less than 10% fuel left (propane, wood, pellets, coal, oil)
 I need money for a utility/fuel deposit
 Disconnected - my fuel supplier has ALREADY turned off my service(s)
 Disconnection Notice - my fuel supplier has NOT turned off my service(s), but said they will if I can not pay for the service(s)

E. Is the energy emergency life-threatening? Yes No

F. Do you get subsidized help for this energy bill? Yes No

G. Do you pay for this energy bill as part of your rent payment? Yes No

H. What is the name of the energy company, fuel provider, or landlord that you pay? _____

I. If this energy bill is not in your name, what is the customer's name on the account? _____

J. What is the Account Number? _____

K. How much was your highest monthly bill in the last 12 months? \$ _____

****Please provide a copy of your bill or receipts for fuel. If eligible HSD will send your payment to your heating or cooling fuel provider unless they do not accept LIHEAP payments.**

5. Main Home Heating Usage *You must fill out this part to get LIHEAP.

A. What is your main heat source? (This is the fuel used to run the main heat sources for the home.) Choose one:

- Same as above in Section 4 (If checked, skip Sections 5E-5H)
 Natural Gas Wood Electric Propane/Butane
 Coal Other _____

B. If you do not use any other energy than what you need LIHEAP help with, check this box:

Explain why: Homeless Rural Area No Utilities Available Other _____

C. Is this a meter shared with another home? Yes No

D. Is there a business use on this account? Yes No

E. What is the name of the energy company, fuel provider, or landlord that you pay? _____

F. If this energy bill is not in your name, what is the customer's name on the account? _____

G. What is the Account Number? _____

H. How much do you pay for fuel each year? \$ _____

6. Electric Information

A. Do you have an electric account? Yes No If No, why? Homeless Rural Area No Utilities Available
Other _____

If yes, please complete the section below.

If your heating source in Section 5 is Electric or you selected "NO" above, DO NOT complete the section below:

B. Is this a meter shared with another home? Yes No

C. Is there a business use on this account? Yes No

D. What is the name of the energy company, fuel provider, or landlord that you pay? _____

E. If this energy bill is not in your name, what is the customer's name on the account? _____

F. What is the Account Number? _____

G. How much do you pay for fuel each year? \$ _____

7. Telephone Assistance

If you can get LIHEAP, you may also be able to pay less (get a discount) for telephone from one telephone company. Not all telephone companies offer this discount. Please contact your telephone company for more details.

8. Weatherization statement

If you have qualified for LIHEAP, you may also qualify for the NM EnergySmart Weatherization Program. If you are interested in applying for the Weatherization Program, please call the NM Mortgage Finance Authority at 1-800-444-6880 for details.

9. Your Signature

You must sign this form to make this application valid. Your application will not be processed unless signed

- I have given HCA true, correct and complete information
- I understand that making false statements or hiding information could mean state and federal penalties and denial of assistance
- I will give proof of things I report to HCA. If I cannot get proof, I know that I can ask HCA to help me and I will let HCA contact other people, and companies to get proof
- I will let HCA give limited information to approved agencies which provide other energy/weatherization help for which I may be eligible
- I will let HCA give limited information to my heating, cooling, and telephone service providers in order to provide federal and state benefits
- I understand that if I receive benefits I am not eligible for, that I may have to pay HCA back for those benefits
- I know that HCA will check the information that I give. HCA may use computers to check the information on this form
- I understand that by providing the account numbers for my household energy supplier(s) I am authorizing the energy provider(s) to provide details about the account and energy use to HCA for the purpose of eligibility and determination of this and future application, benefit determination, and program evaluation and analysis
- I understand that by providing application information I am authorizing HCA and its authorized agents to share and report the data provided against federal, state, county, energy provider, employer and landlord databases or records
- I understand if eligible for energy assistance benefits, I may be referred to other residential energy programs
- I understand the information collected on this form may be disclosed to energy programs operating under HCA. HCA may share and use information collected for purposes of referral, research, evaluation and analysis
- I understand that my utility companies will not have control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking steps to ensure that HCA maintains the confidentiality of the data or uses the data as authorized

I agree under penalty of perjury that the statements I made about persons in my home, income, and all other information I have given HCA are true and correct.

► Sign Here  _____

Today's Date _____

You Can Register to Vote Here

If YOU are NOT registered to vote where you live now, **Would you like to register to vote here today?** (Please check one)

Yes No IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

IMPORTANT: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance that you will be provided by this agency.

Signature	Date
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CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential. **IF YOU BELIEVE THAT SOMEONE HAS INTERFERED** with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, 419 State Capital, Santa Fe, NM, 87503 (phone: 1-800-477-3632). (12/01/09)

Drop off your signed application at your local Income Support Division (ISD) office or mail it to:

Central ASPEN Scanning Area (CASA)

PO BOX 830

Bernalillo, NM 87004

or Fax to 1-855-804-8960

or

You may apply for LIHEAP help online at:

www.yes.state.nm.us

If you have questions regarding LIHEAP call our Customer Service Center at 1-800-283-4465

Notice of Rights



Special Needs Information 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 Health Care Authority, American Disabilities Act (ADA) coordinator at (505) 827-7701 or through the New Mexico Relay System TDD at (800) 659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/15/14)

Your Civil Rights Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider. (Revised 10/14/15)

To file a complaint through HCA of discrimination and/or rude treatment regarding a program receiving Federal or State financial assistance, a complaint form is available at the ISD office or you may write to: NM Health Care Authority, ISD Civil Rights Director, P.O. Box 2348, Santa Fe, NM 87504-2348 or by fax (505) 827-7241.

Confidentiality

All information you give to HSD is confidential. This information will be given to HSD employees who need it to manage the programs for which you have applied. Confidential information may also be released to other federal and state agencies. All information will be used to determine eligibility and/or to provide services. (Revised 07/15/14)


This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law. If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all Social Security Numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action.

You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. You do not need to be a U.S. Citizen to apply.

Receiving SNAP/food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. Non-citizen immigrants not requesting assistance for themselves, do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number; ask ISD.

We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount.

YOUR RIGHT TO A FAIR HEARING

What is a Fair Hearing and why should I ask for one?	A Fair Hearing gives you the chance to explain why you think there has been a wrong decision made about your benefits. Hearings are held over the phone with a hearing officer. The hearing officer will hear information from you and from the Income Support Division and decide whether the decision was right or wrong.
Can I get help with my hearing?	You can have a friend or family member participate in the hearing with you. You may also be able to get free legal help. To learn more about free legal help, call Law Access New Mexico at (800) 340-9771.
How long do I have to ask for a hearing?	You must request a hearing within 90 days from the date of the adverse action you are appealing. You may be able to get more time to ask for a hearing if you have a good reason, like illness or another circumstance beyond your control.
Can I keep my benefits if I request a hearing?	If you are already getting benefits, you may be able to continue receiving benefits while you wait for your hearing if you request your hearing within 13 days of the adverse action date. If the hearing decision is not in your favor, you may have to pay back the benefits you received while waiting for your hearing.
How do I ask for a hearing?	You can request a hearing by filling out the form on the other side of this form and mailing or faxing it to: Health Care Authority - Fair Hearings Bureau P.O. Box 2348 Santa Fe, NM 87504-2348 Fax # (505) 476-6215 You can request a hearing over the phone by calling (800) 432-6217 option 6. You can also request a hearing in person at your local Income Support Division office.
Special Needs Information 	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 Health Care Authority, American Disabilities Act (ADA) coordinator at (505) 827-7701 or through the New Mexico Relay System TDD at (800) 659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/15/14)
If you need an interpreter	You have a right to a free interpreter. Let HSD know if you need an interpreter before or during the hearing by calling: (800) 432-6217 option 6.