



WYOMING LIEAP & WAP APPLICATION for 2023-2024

If you have questions, please refer to
the instructions page.



Return ALL pages 1 through 6

APPLICANT Print your information – Use **BLACK** ink. (Or apply online at www.mylicapwyo.org)

| | | | | | |
|--|------------|-----------------------------------|------------------------|----------|--|
| Last Name | First Name | Middle Name | Maiden (if applicable) | | |
| Address of Residence (Physical Address) | | City | State | Zip Code | |
| Mailing Address or PO Box (If different from Residence) | | City | State | Zip Code | |
| Primary Phone Number | | Secondary or Message Phone Number | | SSN | |
| | | | | | |
| Email Address: By providing, it will be the quickest way to receive updates about your application (Approval, etc.) | | | | | |
| | | | | | |

Authorized Representative: *(This is not a member of your household) Only complete the following information to appoint a person to act on your behalf to provide information necessary to determine your eligibility. Your representative must sign and provide a copy of his/her identification.*

| | |
|--------------|-----------|
| Name | Signature |
| Phone Number | Address |

Do any of these apply to you? Complete, attach supporting documentation and submit your application *immediately*.

- | | |
|---|---|
| <input type="checkbox"/> Non-working furnace/boiler/heat system. Contact your landlord immediately if you don't own the home. <input type="checkbox"/> Disconnected. Your fuel supplier has ALREADY turned off your gas/electricity. Attach copy of shutoff notice. <input type="checkbox"/> Disconnect Notice. Your fuel supplier has NOT turned off your gas/electricity but warning you they will if your bill is not paid. Attach copy of disconnect notice. | <input type="checkbox"/> Need Utility/Fuel Deposit. Attach letter dated on/after Oct. 1 st , from utility provider or fuel supplier with the dollar amount & reason deposit is needed. <input type="checkbox"/> Out of Fuel (Propane, Wood, Pellets, Coal, Oil) <input type="checkbox"/> Less than 25% fuel remaining (Propane, Wood, Pellets, Coal, Oil) <input type="checkbox"/> Propane Tank Set |
|---|---|

HOUSEHOLD MEMBERS Complete the information below for yourself and ALL persons living in your home, whether or not you share living expenses, even if they are not related to you or are only temporarily living with you. Attach another sheet, if necessary. Please use the following for **Race/Ethnicity**: African American, Caucasian/White, Eastern Shoshone, Hispanic/Latino/or Spanish Origin, Northern Arapaho, Other, or Unknown. List yourself first and then **ALL** household members. **PLEASE PRINT**

| | | | | | | |
|-------------------------------------|---|---|--|---|---|---|
| Name of household member 1 | | Relationship to You SELF | D.O.B (MM / DD / YYYY) | | | |
| | | | | / | | / |
| Gender | Race | | SSN | | | |
| | | | | | | |
| Disabled <input type="checkbox"/> | Medicaid <input type="checkbox"/> | Health Insurance <input type="checkbox"/> | TANF <input type="checkbox"/> | SNAP <input type="checkbox"/> | Eastern Shoshone <input type="checkbox"/> | |
| US-citizen <input type="checkbox"/> | Non-US citizen <input type="checkbox"/> | High School <input type="checkbox"/> | College/Technical <input type="checkbox"/> | Northern Arapaho <input type="checkbox"/> | | |

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|-------------------------------------|---|---|--|---|---|---|
| Name of household member 2 | | Relationship to You | D.O.B (MM / DD / YYYY) | | | |
| | | | | / | | / |
| Gender | Race | | SSN | | | |
| | | | | | | |
| Disabled <input type="checkbox"/> | Medicaid <input type="checkbox"/> | Health Insurance <input type="checkbox"/> | TANF <input type="checkbox"/> | SNAP <input type="checkbox"/> | Eastern Shoshone <input type="checkbox"/> | |
| US-citizen <input type="checkbox"/> | Non-US citizen <input type="checkbox"/> | High School <input type="checkbox"/> | College/Technical <input type="checkbox"/> | Northern Arapaho <input type="checkbox"/> | | |

| | | | | | | |
|-------------------------------------|---|---|--|---|---|---|
| Name of household member 3 | | Relationship to You | D.O.B (MM / DD / YYYY) | | | |
| | | | | / | | / |
| Gender | Race | | SSN | | | |
| | | | | | | |
| Disabled <input type="checkbox"/> | Medicaid <input type="checkbox"/> | Health Insurance <input type="checkbox"/> | TANF <input type="checkbox"/> | SNAP <input type="checkbox"/> | Eastern Shoshone <input type="checkbox"/> | |
| US-citizen <input type="checkbox"/> | Non-US citizen <input type="checkbox"/> | High School <input type="checkbox"/> | College/Technical <input type="checkbox"/> | Northern Arapaho <input type="checkbox"/> | | |

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|-------------------------------------|---|---|--|---|---|---|
| Name of household member 4 | | Relationship to You | D.O.B (MM / DD / YYYY) | | | |
| | | | | / | | / |
| Gender | Race | | SSN | | | |
| | | | | | | |
| Disabled <input type="checkbox"/> | Medicaid <input type="checkbox"/> | Health Insurance <input type="checkbox"/> | TANF <input type="checkbox"/> | SNAP <input type="checkbox"/> | Eastern Shoshone <input type="checkbox"/> | |
| US-citizen <input type="checkbox"/> | Non-US citizen <input type="checkbox"/> | High School <input type="checkbox"/> | College/Technical <input type="checkbox"/> | Northern Arapaho <input type="checkbox"/> | | |

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|-------------------------------------|---|---|--|---|---|---|
| Name of household member 5 | | Relationship to You | D.O.B (MM / DD / YYYY) | | | |
| | | | | / | | / |
| Gender | Race | | SSN | | | |
| | | | | | | |
| Disabled <input type="checkbox"/> | Medicaid <input type="checkbox"/> | Health Insurance <input type="checkbox"/> | TANF <input type="checkbox"/> | SNAP <input type="checkbox"/> | Eastern Shoshone <input type="checkbox"/> | |
| US-citizen <input type="checkbox"/> | Non-US citizen <input type="checkbox"/> | High School <input type="checkbox"/> | College/Technical <input type="checkbox"/> | Northern Arapaho <input type="checkbox"/> | | |

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|-------------------------------------|---|---|--|---|---|--|---|--|--|--|--|
| Name of household member 6 | | Relationship to You | D.O.B (MM / DD / YYYY) | | | | | | | | |
| | | | | | / | | / | | | | |
| Gender | Race | | SSN | | | | | | | | |
| | | | | | | | | | | | |
| Disabled <input type="checkbox"/> | Medicaid <input type="checkbox"/> | Health Insurance <input type="checkbox"/> | TANF <input type="checkbox"/> | SNAP <input type="checkbox"/> | Eastern Shoshone <input type="checkbox"/> | | | | | | |
| US-citizen <input type="checkbox"/> | Non-US citizen <input type="checkbox"/> | High School <input type="checkbox"/> | College/Technical <input type="checkbox"/> | Northern Arapaho <input type="checkbox"/> | | | | | | | |

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|-------------------------------------|---|---|--|---|---|--|---|--|--|--|--|
| Name of household member 7 | | Relationship to You | D.O.B (MM / DD / YYYY) | | | | | | | | |
| | | | | | / | | / | | | | |
| Gender | Race | | SSN | | | | | | | | |
| | | | | | | | | | | | |
| Disabled <input type="checkbox"/> | Medicaid <input type="checkbox"/> | Health Insurance <input type="checkbox"/> | TANF <input type="checkbox"/> | SNAP <input type="checkbox"/> | Eastern Shoshone <input type="checkbox"/> | | | | | | |
| US-citizen <input type="checkbox"/> | Non-US citizen <input type="checkbox"/> | High School <input type="checkbox"/> | College/Technical <input type="checkbox"/> | Northern Arapaho <input type="checkbox"/> | | | | | | | |

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|-------------------------------------|---|---|--|---|---|--|---|--|--|--|--|
| Name of household member 8 | | Relationship to You | D.O.B (MM / DD / YYYY) | | | | | | | | |
| | | | | | / | | / | | | | |
| Gender | Race | | SSN | | | | | | | | |
| | | | | | | | | | | | |
| Disabled <input type="checkbox"/> | Medicaid <input type="checkbox"/> | Health Insurance <input type="checkbox"/> | TANF <input type="checkbox"/> | SNAP <input type="checkbox"/> | Eastern Shoshone <input type="checkbox"/> | | | | | | |
| US-citizen <input type="checkbox"/> | Non-US citizen <input type="checkbox"/> | High School <input type="checkbox"/> | College/Technical <input type="checkbox"/> | Northern Arapaho <input type="checkbox"/> | | | | | | | |

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|-------------------------------------|---|---|--|---|---|--|---|--|--|--|--|
| Name of household member 9 | | Relationship to You | D.O.B (MM / DD / YYYY) | | | | | | | | |
| | | | | | / | | / | | | | |
| Gender | Race | | SSN | | | | | | | | |
| | | | | | | | | | | | |
| Disabled <input type="checkbox"/> | Medicaid <input type="checkbox"/> | Health Insurance <input type="checkbox"/> | TANF <input type="checkbox"/> | SNAP <input type="checkbox"/> | Eastern Shoshone <input type="checkbox"/> | | | | | | |
| US-citizen <input type="checkbox"/> | Non-US citizen <input type="checkbox"/> | High School <input type="checkbox"/> | College/Technical <input type="checkbox"/> | Northern Arapaho <input type="checkbox"/> | | | | | | | |

| | | | | | | | | | | | |
|-------------------------------------|---|---|--|---|---|--|---|--|--|--|--|
| Name of household member 10 | | Relationship to You | D.O.B (MM / DD / YYYY) | | | | | | | | |
| | | | | | / | | / | | | | |
| Gender | Race | | SSN | | | | | | | | |
| | | | | | | | | | | | |
| Disabled <input type="checkbox"/> | Medicaid <input type="checkbox"/> | Health Insurance <input type="checkbox"/> | TANF <input type="checkbox"/> | SNAP <input type="checkbox"/> | Eastern Shoshone <input type="checkbox"/> | | | | | | |
| US-citizen <input type="checkbox"/> | Non-US citizen <input type="checkbox"/> | High School <input type="checkbox"/> | College/Technical <input type="checkbox"/> | Northern Arapaho <input type="checkbox"/> | | | | | | | |

Do you **OWN** your home? If Yes, is it:

Frame Mobile RV (Permanently Parked)

Do you **RENT** your home? (Only mark "YES" if you rent the home, do not mark "Yes" if it is LOT RENT for a mobile home.)

Yes No (If **YES**, your landlord must complete the **LIEAP Rental Verification Form**)

What is the **MAIN** heating source used to heat the residence? This is the fuel the heat system uses to heat the home, not the power source needed to turn on the furnace. Please attach a recent copy of the bill.

Natural Gas Propane Electricity Wood/Pellets Coal Heating Oil

| | |
|-------------------------------|-----------------------------|
| Name of Fuel Provider: | Billing Acct Number: |
|-------------------------------|-----------------------------|

We also need to know about your **ELECTRIC**. Please submit a recent copy of the bill.

| | |
|-------------------------------|-----------------------------|
| Name of Fuel Provider: | Billing Acct Number: |
|-------------------------------|-----------------------------|

Financial Information Complete the following for ALL household members and *attach proof of ALL GROSS INCOME (amount before deductions)*. **Refer to the Instructions page for assistance.**

| | |
|---|-----------------------------------|
| Name of household member receiving income | Type of Income |
| How often paid? | Total Gross Monthly Income |

| | |
|---|-----------------------------------|
| Name of household member receiving income | Type of Income |
| How often paid? | Total Gross Monthly Income |

| | |
|---|-----------------------------------|
| Name of household member receiving income | Type of Income |
| How often paid? | Total Gross Monthly Income |

Unemployed: If anyone in the household is **unemployed and between the ages of 18-50**, please provide a completed and signed workforce registration form from the Wyoming Workforce Services. If you are receiving unemployment benefits attach a copy of your unemployment benefit report.

No Income: If there is no income in your household, complete the **Self Dec of Zero Income Form**.

HOUSEHOLD MEMBERS Check all that apply to the members of your household.

- Children aged 0–2 years
- Children aged 3–5 years
- Employed Names:

- Persons 60 years or older
- Received LIEAP last year
- Unemployed Names:

- Received Weatherization, Date Completed: _____
- Handicapped or disabled Names:

HEALTH CONDITIONS Are there any known or suspected health concerns for a household member that we should be aware of? Check all that apply:

- Allergies
- Breathing problems
- Eyesight problems
- Hearing problems
- Skin problems
- Fever over 100°
- Mobility Problems
- Headaches
- Dizzy spells
- Household member with a contagious disease/condition
- Cough
- Household member with a mental health condition
- Household member on oxygen
- Lack of Health Insurance
- Shortness of breath

HOUSING TYPE Check the item that best describes where you live:

- House
- Duplex/Triplex/Fourplex
- Townhouse
- Apartment/Condo
- Mobile Home
- Rooming/Boarding house
- RV
- Other _____

If you rent within an apartment complex, what is the name of the complex and approximate number of units?

Do any of the following home conditions exist? Check all that apply:

- Heating system issues
- Electrical issues
- Structural issues
- Very cold during winter
- Odors
- Mold/moisture
- Under current quarantine
- Home built prior to 1978
- Excess clutter/accessibility issues
- Pests
- Very hot during summer

The year, make and model of your furnace/boiler/heat system? _____

Do you currently have a home cooling system (central air, evaporative cooler, window A/C unit)? If so, what type and is it operational? _____

By signing below, I acknowledge that I have READ and AGREE with the Applicant Rights and Responsibilities on page 9 and 10.

My signature grants permission to the Wyoming Department of Family Services or entities it has authorized to (a) verify any information concerning residence (ownership or rental), employment, income resources, energy supply, service address, household size, identification, housing type, and utility provider/fuel supplier which you have given concerning this request for assistance; (b) obtain any information needed concerning heating costs and usage; and(c) complete any survey in connection with energy assistance.

By my signature on the application, I authorize the release of information to approved agencies, which provide energy and/or weatherization assistance for which I may be eligible. I also swear/affirm that all information contained in the application is true, correct, and complete, to the best of my ability, knowledge, and belief.

I certify that Wyoming is my legal residence; I am the legal owner of this residence; or that I will provide the *LIEAP Rental Verification* form signed by the true owner or their authorized agent or manager; and that I live in my residence during the program year, heating season. I authorize that this dwelling may be weatherized in accordance with the guidelines and procedures established by the U.S. Department of Energy and the State of Wyoming. I understand that the dwelling for this LIEAP application can be weatherized one time.

I authorize any person having custody or knowledge of information relating to myself and members of my household to furnish any requested information, including confidential information, to any duly authorized agent of the Wyoming Department of Family Services or employee of Align. This information is to be used only for the purpose of determining eligibility for the programs for which I am applying. I also agree to provide information necessary to verify any statement given on this application. This release is valid from the date I sign this application and shall remain valid until revoked by me, in writing. A copy of this authorization is as valid as the original.

I certify, under penalty of perjury, the truth of the information contained in this application, including the information concerning citizenship and immigration status provided for all people living in my home. I declare that the information given in this application is true and correct. I understand the penalty for providing false information is a fine no more than a \$15,000; or not more than 5 years imprisonment; or both. Consent is given for any person, agency, or institution to supply information to the Wyoming Department of Family Services about me, my family, or individuals listed on this application and to allow inspection and copying of records about me or my family by any representative of the Department. I also authorize the Department to openly discuss and share all information regarding my case with my Authorized Representative should I elect to appoint one. I hereby authorize release of information concerning my LIEAP and WAP application and benefits to my utility provider and/or fuel supplier as necessary for payment, to prevent shutoff, or to obtain fuel consumption, fuel usage, fuel type, annual fuel cost, and payment history data for LIEAP and/or weatherization purposes.

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED FOR REQUIRED SIGNATURES.

| | |
|--|--------------|
| ALL household members that are 18 years of age or older, <u>including you</u> , must sign and date below. Attach another sheet if necessary. | |
| Signature: | Date: |
| Signature: | Date: |
| Signature: | Date: |
| Signature: | Date: |
| Signature: | Date: |
| Signature: | Date: |



RENTAL VERIFICATION AND AGREEMENT

Your LANDLORD/Property Owner must complete this information

Tenant's Name: _____ Last 4 digits of Tenant's SSN: _____

Tenant's Physical Address: _____

City, State, Zip: _____

This agreement is made and entered into by and between the Property Owner and the Wyoming Department of Family Services (DFS) contracted LIEAP Agent and/or Weatherization Assistance Program (WAP) services provider for receiving Weatherization and/or LIEAP assistance at the address listed above.

Part I: Weatherization Landlord Agreement

By signing this agreement, the owner/landlord understands that the tenant has applied for and is qualified to receive services in accordance with the Department of Energy (DOE) Weatherization Assistance Program for Low-Income Persons (Public Law 94-385, as amended).

The Owner/Landlord, by signing this agreement, hereby authorizes the WAP provider contracted by the Wyoming DFS to provide WAP services to the tenant, including the installation of a full range of energy efficiency measures designed to reduce the energy burden of the qualified tenant. Upon receipt of this signed agreement, the dwelling may be weatherized using federal funds and at no cost to the tenant. All work will be performed by DFS contracted WAP providers and their sub-contractors. Work is performed by highly qualified and certified technicians.

The Owner/Landlord, by signing this agreement, hereby agrees that with respect to the weatherization work done by the DFS contracted WAP providers and their sub-contractors: a) the owner/landlord shall not increase the rent for this dwelling unit for a period of twelve (12) months from the date the weatherization work is completed unless the increases are demonstrably related to matters other than the weatherization work performed; b) the owner/landlord affirms that the tenant shall not be evicted or removed as a result of the weatherization work so that the owner/landlord can increase rents for future tenants as a result of the weatherization upgrades to the dwelling as long as the tenant listed above is meeting the obligations and responsibilities listed in the lease between the tenant and owner/landlord.

The Owner/Landlord further understands that the intention of the WAP is to benefit the low-income tenant directly. If energy costs are included as part of the rental fee in the current rental lease between the tenant and the owner/landlord, the owner/landlord is encouraged to lower the rent paid by the tenant in an amount equal to the savings in energy costs for this unit after weatherization.

I do not want this property to be weatherized and/or this property was previously weatherized.

Part II: LIEAP Rental Verification

(Part II MUST be filled out completely for LIEAP purposes)

Instructions for owner/landlord, property manager/agent: Please answer each question below; check appropriate areas; sign and date below. If necessary, someone may contact you for additional information. THIS IS NOT A CONTRACT OR LEASE. Be sure to read this form carefully before completing and signing it. Anyone who makes false statements to obtain or help another person obtain assistance, for which they are not eligible, is subject to penalties under the laws of the State of Wyoming. Completion of this Rental Verification & Agreement Form is required to be considered for LIEAP and WAP program approval.

1. What is the **Main** heating source? (This is the fuel the heat system uses to heat the home, **not** the power source needed to turn on the furnace.)

Natural Gas Propane Electricity Wood/Pellets Coal Home Heating Oil

2. Does the **renter pay** the **Main** heating source utility bill? Yes No

3. Does **Rent include** any of the following utilities (check all that apply) **paid for by the landlord and not reimbursed by tenant:**

Natural Gas Propane Electricity Wood/Pellet Coal Home Heating Oil

Owner, landlord, property manager/agent Name (Please Print) _____

Owner, landlord, property manager/agent Address _____ Phone: _____

City, State, Zip _____

Owner, landlord, property manager/agent Signature _____ Date: _____

INSTRUCTIONS

For assistance, please call 1-800-246-4221

1. Complete **ALL** sections of the application.
2. **All** household members that are 18 years of age or older, including you, **must sign and date**.
3. Gather the following items to submit with your application:
 - A copy of your **recent main heating bill and your electric bill**. The bill(s) or statement(s) must show the service address, account number, and name.
 - If you **rent**, your Landlord must complete the *LIEAP Rental Verification* form.
 - Provide proof of **GROSS income** for everyone in the household; the three most recent consecutive pay stubs for each person in the household; or an *Employer Statement* form, which you can get from the LIEAP Office at www.lieapwyo.org.
 - If anyone in the household receives **Social Security** benefits: provide a most recent copy of the Social Security benefit award letter or *Tax Form SSA – 1099 Social Security Benefit Statement*.
 - If anyone in the household receives **pensions, retirements, and/or annuities**: provide a most recent copy of the benefit letter or tax form 1099. (A bank statement cannot be accepted.)
 - If anyone in the household is **self-employed** provide a copy of the most recent self-employment tax return forms and appropriate *Schedule* or a *Profit and Loss Statement* (prepared by you, a tax advisor, or an accountant).
 - Provide proof if anyone in the household receives **Income** from Alimony/Spousal Maintenance, POWER/TANF benefits, Unemployment Benefits, Veteran's Benefits, Workers' Compensation/Disability/Illness benefits, Rental Income.
 - If money is received from others, include a signed and dated letter from the person(s) stating frequency and amount.
 - If there is **no income** in your household, complete a *LIEAP Self Declaration of Zero Income* form, which you can get from your local DFS Office or www.lieapwyo.org.
 - If anyone in the household ages 18-50 years is **unemployed**, please provide a completed and signed workforce registration form from the Wyoming Workforce Services. If you are receiving unemployment benefits, attach a copy of your unemployment benefit report.
 - Proof of **identification** for all household members, which may be a copy of just one of the following: Driver's license, social security card, birth certificate, medical insurance card, military ID, State issued ID, Passport, current school record(s) or school ID, permanent resident card, registered alien card or crib card.
 - If anyone in the household is a **College Student** that has no income, provide proof of current full-time class registration.
 - If anyone in the household is 18 or older *and* is a **High School Student**, provide proof of school attendance.
 - If you appoint an **authorized representative**, provide a copy of their identification and complete the authorized representative portion of the application on page 1. (This should not be a member of your household, but a person you appoint to act on your behalf to provide information necessary to determine your eligibility, if you so choose.)
4. Submit completed application with **ALL** supporting documents by any of the following ways:

Mail: PO Box 827, Cheyenne, WY 82003

Fax: 307-778-3943

Email: info@Lwyo.org

Website: www.lieapwyo.org

Local Office: 822 W 23rd St, Cheyenne, WY 82001 (Dropbox)

APPLICANT RIGHTS AND RESPONSIBILITIES

1. LOW-INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

LIEAP pays heat costs directly to a utility provider or fuel supplier. The amount of energy assistance you are approved for will be applied to heating charges from the monthly natural gas or electric meter read dates occurring within the Wyoming LIEAP season. For propane, wood, coal, or heating oil the amount of energy assistance you are approved for will be applied to heating charges resulting from fills occurring within the Wyoming LIEAP season.

Heating assistance cannot be used: to pay heating bills for non-residential buildings such as a shop, studio, garage or business; to fill extra storage tanks; as a “credit” for fuel to be delivered after the season ends; or to pay late fees, collection fees or other financial penalties. You may receive LIEAP benefits in only one household during the season. State LIEAP and Tribal LIEAP cannot be received in the same season.

LIEAP benefits are not intended to pay for all heating costs. Costs owed (to a utility provider/fuel supplier or landlord after LIEAP benefits have been applied as applicable) are your responsibility. LIEAP benefits are seasonal and must be applied for each season. Any LIEAP benefit you don’t use in the season will revert back to the State to be distributed to eligible applicants during the next LIEAP season. Remaining benefits are not disbursed to you as cash or credit on fuel.

The program’s top priority is given to households whose members are elderly (age 60 or older) or disabled, and/or with children under six years of age. Therefore, these households are mailed applications first. The second priority is applications for households in remote areas whose main source of heat is a non-regulated fuel (propane, wood, coal, or heating oil). The program’s third priority is given to households whose main source of heat is regulated fuel (natural gas and electric).

2. WEATHERIZATION ASSISTANCE PROGRAM (WAP)

WAP is designed to help low-income households overcome the high costs of energy by making their homes more energy efficient. Priority is given to households with elderly (age 60 or older), or disabled members, and/or with children under six years of age. All weatherization work is based on a thorough energy audit of the home. Households are placed on a waiting list using a priority point system. Approval for LIEAP/WAP does not guarantee that weatherization services will be received. A Weatherization Agency **may** contact you. The residence must not be expected to be offered for sale or rent within the next twelve (12) months. A Department of Energy related program must not have already provided weatherization assistance to this residence.

It is your responsibility to contact the appropriate weatherization agency about any problems or concerns with the work done to your home within twelve (12) months from the date that the work was completed. You further understand that it is best to report problems within thirty (30) to sixty (60) days to ensure a prompt and satisfactory resolution. You must meet the requirements for LIEAP to be eligible for consideration of the Weather Assistance Program (WAP). WAP is provided at no cost to you to help reduce energy costs.

Weatherization Offices Phone Numbers

| | | |
|--|--------------------------|---------------------------|
| Casper 307-235-9007 | Riverton 307-856-9077 | Thayne/Afton 307-883-6200 |
| Gillette & Northeast 307-686-2730 | Green River 307-875-1890 | Worland 307-347-2200 |
| Laramie/Cheyenne/Rawlins 307-638-2356 | Torrington 307-532-2287 | Powell 307-754-2844 |

3. PROGRAM DATES

Application processing will begin **October 1st, 2023**. The last day to submit an application for LIEAP is **February 29th, 2024**. Consideration for the Weatherization Assistance Program (WAP) is available year-round, therefore Applications received after **February 29th, 2024** will be reviewed for consideration for WAP. Applications are processed in the order in which they are received.

4. ENERGY EMERGENCY INTERVENTION ASSISTANCE FOR SPECIAL SITUATIONS

If you are at risk for a heat loss emergency, such as a shutoff or pending shutoff, or non-working furnace/boiler/heat system, select the situation that applies to you on the application (Additional documents may be required). Assistance is handled on a case-by-case basis.

5. DISCRIMINATION ACT

The application presented by the applicant will be considered without regard to race, color, sex, age, handicap, religion, national origin, marital status, or political belief. If you believe you have been discriminated against, you can file a complaint with the Department of Family Services. We do, however, need an indication of race, marital status, sex, and disability for statistical purposes.

6. PRIVACY ACT INFORMATION

Information requested on the application is required in order to determine eligibility and to comply with other program requirements. Records are maintained for review, analysis, research, and evaluation by the State of Wyoming, Federal Agencies, and their

authorized representatives. Information provided is kept confidential, except that DFS may disclose the information without your consent, in the following instances:

- a. To federal, state, or local authorities who are responsible for administering or enforcing the regulations of the program for which you apply or receive benefits: these authorities may begin an investigation or bring civil or criminal action on the basis of the information they receive regarding your case.
- b. To a court, judge, or other administrative legal body, when the information is required in a civil or criminal proceeding.

7. AUTHORITY TO REQUIRE SOCIAL SECURITY NUMBER AND COMPUTER MATCHING

The applicant is not required to provide a Social Security Number (SSN) for all household members when applying for LIEAP and

WAP benefits, but it is strongly encouraged. Providing this may expedite the processing of your application. The information you report will be verified by computer matching using social security numbers. Align will compare information on the application with information on record with the Department of Family Services. All persons listed on the application will be included whether or not they receive benefits. Outside sources and/or your household members will be asked to verify inconsistent information. The information received may affect your eligibility and benefits.

8. INCOME GUIDELINES FOR 2023/2024

| FAMILY SIZE | MONTHLY | ANNUAL | | FAMILY SIZE | MONTHLY | ANNUAL |
|-------------|---------|----------|--|-------------|---------|----------|
| 1 | \$2,707 | \$32,482 | | 9 | \$7,340 | \$88,077 |
| 2 | \$3,540 | \$42,476 | | 10 | \$7,496 | \$89,951 |
| 3 | \$4,373 | \$52,471 | | 11 | \$7,652 | \$91,825 |
| 4 | \$5,206 | \$62,466 | | 12 | \$7,808 | \$93,699 |
| 5 | \$6,038 | \$72,460 | | 13 | \$7,964 | \$95,573 |
| 6 | \$6,871 | \$82,455 | | 14 | \$8,121 | \$97,447 |
| 7 | \$7,027 | \$84,329 | | 15 | \$8,277 | \$99,321 |
| 8 | \$7,184 | \$86,203 | | | | |

9. ADMINISTRATIVE HEARING

If the application is not acted upon within 45 days of receipt of all documentation without good cause, you may request an administrative hearing within 10 days from the time that 45 day period ends.

If your application is denied, you must first request an appeal with Align within 10 days of the date of denial. This request must be in writing. Align is providing services for LIEAP for the State of Wyoming.

If issues are unresolved after the appeal with Align, you may request an administrative review to be conducted by the State Program Manager. This request must be in writing. If issues are unresolved after administrative review, you may request an administrative review. A written request must be submitted within 10 days of the State Program Manager’s administrative hearing result. For more information regarding the fair hearing and appeal process you may call Align at 1-800-246-4221. If you do not have a phone, you may mail Align at PO Box 827, Cheyenne WY 82003.