



**SELF DECLARATION OF PERMANENTLY PARKED RECREATIONAL VEHICLE (RV),
FIFTH WHEEL, OR CAMPER WITH PHYSICAL ADDRESS**

Applicant's Name: (please PRINT): _____ Last 4 digits of SSN: _____

Applicant's Physical Address: _____

Applicant's Phone Number: _____

I declare that I reside in a permanently parked recreational vehicle (RV), fifth wheel, or camper. I certify that I live in my permanently parked recreational vehicle, fifth wheel, or camper at the physical address listed on my application during the Wyoming LIEAP season. I certify that the RV, fifth wheel, or camper will remain permanently parked for the duration of the LIEAP season for which I am applying and will not be driven or otherwise moved from the physical address listed above.

I certify, under penalty of perjury, that the permanently parked RV, fifth wheel, or camper I reside in is suitable for full-time living, is permanently parked, will remain permanently parked for the duration of the current LIEAP season, and is affixed to a verifiable physical address. (*Applicant must provide proof that the RV, fifth wheel, or camper is affixed to a physical address denoting permanency.*) A Post Office Box address does not meet this burden of proof.

I further certify that I understand all equipment, including furnaces, is primarily the responsibility of the owner of the RV, fifth wheel, or camper located at the physical address listed above. Heat loss situations due to broken furnaces will only be assessed for LIEAP crisis no heat assistance on a limited case by case basis due to a severe statewide shortage of qualified, licensed technicians willing to service these types of heat systems on-site.

I understand that LIEAP benefits will be subject to denial should it become known that a recreational vehicle, fifth wheel, or camper is no longer permanently parked at the physical address that was listed on the application.

By my signature on this form, I certify, under penalty of perjury, the truth of the information contained on this form and on my application for LIEAP assistance.

Signature: _____

Date: _____