Low Income Home Energy Assistance Application

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Applicant Name/Tribal Member			Social Security No.				Birthdate	
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Applicant Street Address	City		Zip			Phon	ne	
Mailing Address (if different from above)	City		Zip			Enrolled-Tribe		
Number of dependents claimed in household (in Circle applicable: 1 2 3 4	• • •	8 9 10	0 11	12	13 14	15		
Dependents Name (s) Social S	Security No.	Birthdate		Age		onship	Disabled	
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Method of Heating/Cooling Home: (Circle Appli	icable) Electric	Gas Propa	ine ${f v}$	Vood	Other			
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Name of Utility Company		(Origina	l Utility E	Bill Requ	ired)	on is true a	and correct to the	
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