

CNMI DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS,  
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

**HOUSEHOLD INFORMATION FORM (HIF)**

<p><b>*Date of Application:</b></p>	<p><b>*Type of Assistance Seeking:</b></p> <p>1 <input type="checkbox"/> Cooling Assistance</p> <p>2 <input type="checkbox"/> Crisis Assistance</p> <p>3 <input type="checkbox"/> Weatherization Assistance</p>	<p><i>For office use:</i></p> <p>Case #:</p> <p>Priority Level:</p>
<p><b>*CUC Account Number:</b></p>		
<p><b>SECTION A: Household Contact &amp; Eligibility Information</b></p>		
<p><b>*Primary Applicant:</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Last) (First) (Middle)</p>		
<p><b>*Physical Address:</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Street Name) (Village) (Island)</p>		
<p><b>*Mailing Address:</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(PO Box) (Island) (Zip Code)</p>		
<p><b>*Phone Number:</b></p> <p>( )</p>	<p><b>*Email Address:</b></p>	<p><b>*Lived at Residence:</b></p> <p style="text-align: center;">Years: Months:</p>
<p><b>*Housing Status:</b></p> <p>1 <input type="checkbox"/> Own/buy</p> <p>2 <input type="checkbox"/> Subsidized</p> <p>3 <input type="checkbox"/> Rental</p> <p>4 <input type="checkbox"/> Roomer/Boarder</p> <p>5 <input type="checkbox"/> Temporary Housing</p>	<p><b>*Housing Type:</b></p> <p>1 <input type="checkbox"/> 1-3 Family</p> <p>2 <input type="checkbox"/> 4+ Family</p> <p>3 <input type="checkbox"/> Full Concrete</p> <p>4 <input type="checkbox"/> Semi-Concrete</p> <p>5 <input type="checkbox"/> Tin/Wooden</p> <p>6 <input type="checkbox"/> Other: _____</p>	<p><b>*Income/Benefits: (Section C)</b></p> <p>1 <input type="checkbox"/> SSI/SSDI</p> <p>2 <input type="checkbox"/> Soc. Sec.</p> <p>3 <input type="checkbox"/> VA</p> <p>4 <input type="checkbox"/> Earned Income</p> <p>5 <input type="checkbox"/> Pension</p> <p>6 <input type="checkbox"/> Self Employed</p> <p>7 <input type="checkbox"/> Child Support</p> <p>8 <input type="checkbox"/> Unemployment</p> <p>9 <input type="checkbox"/> Other:</p>
<p><b>*Cost per Month:</b></p> <p>\$</p>	<p><b>*Total Number of People in the Household: (Section B)</b></p> <p> </p> <p><b>*Total Number of People in the Household with Special needs:</b></p>	<p><b>*Household Monthly Income:</b></p> <p>\$</p>

SECTION B: Household Information					
Name (First Name Only)	Relation	DoB (xx/xx/xxxx)	Age	SS#	Ethnicity
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

SECTION C: Household Income & Resources			
Name	Type of Income/Resource	How Often	Amount
<i>Ex: John Doe</i>	<i>Wages</i>	<i>Bi-weekly</i>	<i>\$ 742.00</i>
<i>Ex: Jane Doe</i>	<i>NAP</i>	<i>Monthly</i>	<i>\$ 1, 482.00</i>
1.			
2.			
3.			
4.			
5.			

SECTION D: Utility Information			
Type of Meter (Prepaid/Postpaid)	Electric Consumption per Month (KiloWatts/Dollars)	Water Consumption per Month (Gallons/Dollars)	Sewer Usage per Month (Gallons/Dollars)

#### SECTION D: CERTIFICATION

I certify that I have provided and reviewed all information on each page of this document and it is accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I further understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I feel I am eligible. I give my permission for Low-Income Home Energy (LIHEAP) Office to request/release necessary information that may result in my receiving benefits from this assistance request and from similar and related programs administered by the Department of Community and Cultural Affairs (DCCA), including Nutritional Assistance Program. I also give Commonwealth Utilities Corporation (CUC) permission to release my account information to LIHEAP for current and future data analysis and eligibility determination. I understand that provision of my social security number is necessary to avoid duplicate energy assistance benefit payments to the same applicant household. I hereby authorize LIHEAP staff to also use my social security number for income verification purposes. I further authorize LIHEAP to use my personal information within their organizations for the purpose of identifying and reporting unduplicated non-personal applicant data.

I DECLARE THAT THE INFORMATION GIVEN BY ME IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND IT IS MY DUTY TO REPORT WITHIN 10 DAYS TO THE LIHEAP OFFICE OF ANY CHANGE IN RESOURCES, LIVING ARRANGEMENT AND INCOME.

\*Applicant Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Authorized Representative Name: \_\_\_\_\_

\*Signature \_\_\_\_\_ \*Date: \_\_\_\_\_