



FREQUENTLY ASKED QUESTIONS

What is the Guam Low-Income Home Energy Assistance Program (LIHEAP)?

The overall program goal is to provide federally funded assistance to reduce the costs associated with home energy bills, energy crisis, and weatherization. This funding year, Guam’s program will feature two components: **Crisis Assistance** and the **Cooling Assistance Credit**. Future allocations to Guam will then allow for the expansion of services to benefit more families. Assistance is dependent upon funding availability.

Where does this funding come from?

Federal funding comes from The U.S. Department of Health and Human Services (HHS) to administer this program. The Guam Energy Office (GEO) will lead the implementation and execution of this program as a sub-recipient of the award from the Guam Department of Public Health and Social Services (DPHSS).

What are the benefits of this program?

1. **Crisis Assistance** will help qualified applicants with a **one-time benefit payment of up to \$1000**. A **disconnection notice is required** to apply for Crisis Assistance. This amount will be paid directly to your Guam Power Authority (GPA) account to cover any costs associated with disconnection of power services. Application submission period is from 3/16/26 - 8/14/26. Assistance is dependent upon funding availability.

2. **Cooling Assistance Credit** will provide a \$100 credit for up to 5 months paid directly to qualified applicant’s GPA accounts. The program will be available on a first come first serve basis. Application submission period is from 3/16/26 - 3/27/26. Assistance is dependent upon funding availability.

Households can only receive one benefit for the current funding year.

What happens if I am not the designated GPA account holder?

You may still apply for this program. You will need to provide documentation to show that you make direct payments for power utility (E.g. self attestation describing situation, lease agreement, authorization letter, etc.)

How do I qualify for this program?

1. All members of your household must be a U.S. Citizen or qualified non-citizen; and
2. Your household's Gross Monthly Income does not exceed the 130% Federal Poverty Level Income (see chart below).

Income Limit Per Household - Gross Monthly Income (FPL 130%)										
Household Size	1	2	3	4	5	6	7	8	9	10
Income Amount	\$1,696	\$2,292	\$2,888	\$3,483	\$4,079	\$4,675	\$5,271	\$5,867	\$6,463	\$7,059

**For each additional member over 10 add \$596*

NOTE: You may also qualify if you are a recipient of one of the following:

- Supplemental Nutrition Assistance Program (SNAP) benefits; or
- Temporary Assistance for Needy Families (TANF) benefits; or
- Supplemental Security Income (SSI)

Program certification must be submitted with your application.

What documents are required with my application?

All of the following documents are required in order for your application to be accepted. You must provide your own copies.

1. Copy of - Photo Identification for Primary Applicant:
Must be a valid Government Issued: Driver's License or State ID Card or Passport.
2. Copy of - Social Security Cards for all household members
3. Copy of - Income Documents for all working household members: (any one of the following)
 - a. Filed 2024 or 2025 1040 (X, SR) – taxes
 - b. (2) most recent check stubs
 - c. verification of employment (must include salary/pay rate)
 - d. SNAP Certification or TANF statement or SSI benefit statement
4. Copy of Current power bill (must be your primary residence)
5. GPA Release Form – *provided in your application packet*
6. Documentation such as self attestation or lease agreement if you are not the GPA account holder.
7. Crisis Assistance Questionnaire (*if applicable*)
8. Additional Household information form (*if applicable*)

Where can I apply for the program?

A fillable PDF application is available for download at energy.guam.gov or a hard copy can be picked up at our office located at 548 North Marine Corps Dr. Tamuning, Guam 96913.

Completed applications with all required documents must be submitted to GEO between 9:00am – 4:00pm, Monday to Friday, except on holidays. **EMAIL SUBMISSIONS WILL NOT BE ACCEPTED.**

When can I apply?

1. **Crisis Assistance - March 16 - August 14, 2026**
2. **Cooling Assistance Credit - March 16 - March 27, 2026**

This program is based on funding availability. Public notice will be given if any changes to the application period is necessary. It is your responsibility to stay informed by visiting the GEO website at energy.guam.gov.

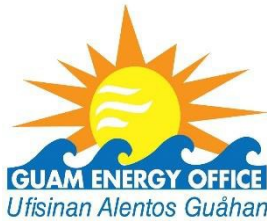
How will I know if I am approved?

Applicants will receive a status update within 15 business days from the date of the completed submission. Receipt of your submission will be provided to you with an assigned case number. If you do not receive an update within the 15 business days, you can email GEO at LIHEAP@energy.guam.gov or call 671-646-4361.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

YOU ARE RESPONSIBLE TO PROVIDE COPIES OF REQUIRED DOCUMENTS

For more information on Guam's LIHEAP visit energy.guam.gov. You may also contact GEO at 671-646-4361, or email LIHEAP@energy.guam.gov.



LIHEAP Submission Checklist

Completed and Signed Guam LIHEAP Application

Copy of Current Government Issued Identification Card for Primary Applicant: 'Driver's License or State ID Card or Passport

Copy of Social Security Card for All Household Members

Copy of Household Income Documents

*(All Working Household Members 18 and Older) - **One of the following:***

- 2024 or 2025 1040 (X, SR) taxes or,
- (2) most recent check stubs or,
- Verification of Employment *(must include salary/pay rate) or,*
- SNAP or TANF Certification, or Supplement Security Income (SSI) Statement

For Cooling Assistance: A Copy of Current Guam Power Authority Billing Statement **OR**

For Crisis Assistance: A Disconnection Notice listing your primary residence

Completed and Signed Guam Power Authority Release

Copy of Lease Agreement *(Only if you are a renter and your power is included in your lease agreement.)*

Completed LIHEAP Assistance Questionnaire

Completed and Signed Additional Household Information *(If Applicable)*

Completed and Signed Self Attestation Form *(If Applicable)*

**INCOMPLETE APPLICATIONS, MISSING DOCUMENTS, AND EXPIRED DOCUMENTS WILL NOT BE ACCEPTED AND MAY RESULT IN A DELAY WITH PROCESSING.
OTHER SUPPORTING DOCUMENTS MAY BE REQUESTED.**



GUAM LIHEAP APPLICATION



APPLYING FOR (CHOOSE ONLY ONE OF THE FOLLOWING):

Crisis Assistance Cooling Assistance Credit

Case Number: LIHEAP25-_____

PLEASE PRINT CLEARLY. SUBMIT ONE APPLICATION PER HOUSEHOLD.

Attach a copy of your **Photo ID, Social Security Card(s), Income Documents/Public Assistance Certification**, and a current **Power Bill**. If you need assistance completing this application, please call (671) 646-4361 or email LIHEAP@energy.guam.gov.

APPLICANT INFORMATION				
Last Name	First Name	M.I.	Social Security Number	Date of Birth
Physical Address (Location of Power Service)			Gender	Marital Status
Mailing Address			Employment Status (Employed, Unemployed, Retired, Student, etc.)	
Home #	Work #	Cell #	Email Address	
Race: <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other				
Ethnicity: <input type="checkbox"/> Hispanic, Latino or Spanish Origin <input type="checkbox"/> Non-Hispanic, Latino, Spanish Origin <input type="checkbox"/> Unknown/not reported			Are you a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD INFORMATION					
(List ALL individuals who live with you.)					
Last Name	First Name	Relationship to Applicant	Date of Birth	Race	US Citizen or *Qualified Non-Citizen
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

I have attached the *Additional Household Form* with names and income information.
*Qualified Non-Citizen include lawful permanent residents, asylees, refugees, and certain individuals with parole status.

HOUSEHOLD INCOME INFORMATION	
Have all ADULT household members (not claimed by others) filed their 2024 or 2025 taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, complete Table A and C. If NO, complete table B and C.

Table A		
Full Name	2024 or 2025 Tax Form (1040, 1040-X, 1040-SR)	Adjusted Gross Income Amount
		\$
		\$
		\$
		\$
TOTAL		\$

Table B		
Full Name	Type of Income (wages, self-employed, retirement, social security benefits, etc.)	Amount of Gross Monthly Income
		\$
		\$
		\$
		\$
TOTAL		\$

Table C

Are you or a member of your household currently receiving any of the following assistance:
(CHECK all that applies and provide case number/program name.)

Temporary Assistance for Needy Families (TANF) **Certification Number:** _____
Are you a recipient of TANF's Non-Recurrent Short-Term Benefits? Yes No
If YES, provide date: (month/year): _____

Supplemental Nutrition Assistance Program (SNAP) **Certification Number:** _____

Means-Tested Veteran Programs **Program Name:** _____

Housing/Rental Assistance **Program Name:** _____ **Case Number:** _____

Other Power Assistance **Program Name:** _____

POWER INFORMATION

GPA Account Number: _____ **Account Holder:** _____
Is the LIHEAP Applicant also the GPA Account Holder? Yes No *If NO, complete the LIHEAP self-attestation form.*

Has your power been disconnected? Yes No *If YES, when was it disconnected?* _____
What is the total amount past due? (include arrears, late fees and reconnection fees) \$ _____

Is your power account past due? Yes No *Have you received a disconnection notice?* Yes No
What is the total amount past due (include arrears, late fees and reconnection fees) \$ _____

Is your power account on a payment plan? Yes No *If YES, when did the payment plan start?* _____
What is the total amount owed on the payment plan? \$ _____

HOUSING INFORMATION STATUS

Are you a home owner? Yes No **Mortgage Payment Amount if applicable:** _____

Are you a renter? Yes No **If yes, what is your monthly rental payment?** _____

If your energy bill is included in rent please provide rental agreement and following information:

Landlord name: _____ Contact number: _____ Email: _____

Does your home have Photovoltaic (PV) System (solar)? Yes No

Please provide contact info if you would like to be added to our newsletter to receive updates on our future programs and events: Email: _____

CERTIFICATION

I acknowledge and agree with the following statement below and the information provided in this application is true and correct:

I authorize the Guam Energy Office to validate my information with the Guam Power Authority, Department of Revenue and Taxation, Department of Public Health and Social Services, the Department of Veterans Affairs, my respective Mayor's Office, or any other relevant entities.

I understand to the best of my knowledge, I have not applied or received any assistance from another utility assistance program for the exact same expenses being requested on this application.

I understand that I have the right to appeal the result of my application by completing and submitting the appeal form within 14 business days of notice of application result.

WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER GUAM LAWS.

Signature of Applicant: _____ Date: _____

******* OFFICIAL USE ONLY *******

I certify the applicant is **ELIGIBLE** based on information provided in the application. Total Household Monthly Income \$ _____

I certify the applicant is **INELIGIBLE** based on the information provided in the application. Total Household Size: _____

Reviewed By: _____ Reviewer Signature: _____ Date: _____



Low Income Home Energy Assistance Program Questionnaire

Please answer the following questions to the best of your ability.
Information on will be used to improve future programs.

Name of Applicant: _____ Case Number: LIHEAP25 - _____

What type of dwelling is your home:

- House Apartment Duplex Condominium Town House Other: _____
 How many rooms are in your home? _____

How many air conditioning units of each type are in your home?

Central AC: _____ Window Unit: _____ Split Unit: _____ Portable Unit: _____

Does your home have a working water heater?

- YES NO If YES, of what type? Electric Gas Solar

Does your home have a working clothes dryer?

- YES NO If YES, of what type? Electric Gas

Does your home have a working cooking range?

- YES NO If YES, of what type? Electric Gas Portable Burner

Does the roof of your home have protective coating?

- YES NO UNSURE

Does your home have Solar PV panels?

- YES NO UNSURE

What is the average monthly billing for your power services?

- \$1.00 - \$299.00 \$300 - \$599 \$600 - \$999 \$1000+
 Prepaid: \$ _____ (monthly estimate)

Have you received a notice of disconnection for your power utility services?

- YES NO

If YES, What reasons caused your power services to become in danger of disconnection? (Check all that apply)

- Medical Emergency Change in income
 Death in family Emergency purchase (e.g. automotive, education, appliance, etc.)
 Change in household members Financial Hardship (e.g. credit card, loan, other utility, etc.)
 Other: _____



Self Attestation

Use this form to provide information as needed.

For example: GPA account holder not in household, proof of income, unable to provide documents, etc.

I, _____ do hereby (Print First and Last Name) submit the following self-attestation:

Multiple horizontal lines for writing the self-attestation.

Certification and Signature

WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER GUAM LAWS.

Applicant Signature _____ Date _____



ADDITIONAL HOUSEHOLD FORM



Applicant Name: _____

Case Number: LIHEAP25- _____

ADDITIONAL HOUSEHOLD MEMBERS					
Last Name	First Name	Relationship to Applicant	Date of Birth	*Race	US Citizen or **Qualified Non-Citizen
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

*Race: Native Hawaiian or Other Pacific Islander, Asian, Black or African American, White, American Indian or Alaska Native or Other
 **Qualified Non-Citizen include lawful permanent residents, asylees, refugees, and certain individuals with parole status.

ADDITIONAL HOUSEHOLD INCOME		
Table A		
Full Name	2024 or 2025 Tax Form <small>(1040, 1040-X, 1040-SR)</small>	Adjusted Gross Income Amount
		\$
		\$
		\$
		\$
		\$
	SUB TOTAL	\$
	TOTAL	\$

Table B		
Full Name	Type of Income <small>(wages, self-employed, retirement, social security benefits, etc.)</small>	Adjusted Gross Monthly Income
		\$
		\$
		\$
		\$
		\$
	SUB TOTAL	\$
	TOTAL	\$

RELEASE OF UTILITY CUSTOMER ACCOUNT INFORMATION

CONSENT TO THE RELEASE OF UTILITY INFORMATION:

- I hereby authorize the GUAM POWER AUTHORITY to release the requested utility account information to the Guam Energy Office (GEO), its employees, contractors, and assignees.
- I understand that my utility information will be used to determine my qualification and/or financial assistance under the *Low Income Home Energy Assistance Program* (LIHEAP), a grant by the U.S. Department of Health and Human Services administered by GEO.
- Information obtained under this consent is limited to utility charges, payments, payment plans, and consumption for the address (premise) provided below for utility service provided and/or billed beginning September 1, 2023 and through the LIHEAP program eligibility period.
- I understand that this consent is optional. I may provide my utility account information directly to GEO and that the information I provide is subject to verification by GEO & GPA.

GPA SERVICE LOCATION (Premise)

Address _____

Village _____

GPA ACCOUNT HOLDER INFORMATION

Name (Last, First, MI) _____

Account # _____

Contact/Telephone # _____

Check one:

I am the primary account holder

I am not the primary account holder but I am authorized person on the account

Residential Account Type - Check one:

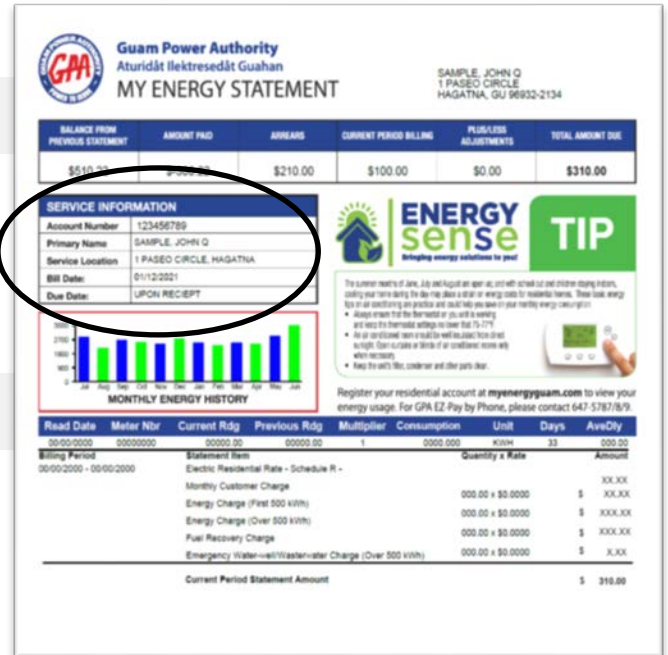
Pre-Paid

Post-Paid

I understand that GPA may contact me regarding this request.

X _____
Signature of Account Holder

Date



GPA USE ONLY:		GEO USE ONLY:	
<input type="checkbox"/> Acct Info Verified	RECEIVED (Date/Time):		
<input type="checkbox"/> Sent to DOA	<input type="checkbox"/> Hard Copy <input type="checkbox"/> E-Copy		
Date:			

