



GUAM LIHEAP APPLICATION



Case Number: LIHEAP23-_____

PLEASE PRINT CLEARLY. SUBMIT ONE APPLICATION PER HOUSEHOLD.

Attach a copy of your **Photo ID, Social Security Card, 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:				
Ethnicity:			Are you a U.S. Veteran?	

HOUSEHOLD INFORMATION (List <u>ALL</u> individuals who live with you)					
Last Name	First Name	Relationship to Applicant	Date of Birth	Race	US Citizen or *Qualified Non-Citizen

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 2022 or 2023 taxes? If YES, complete Table A and C. If NO, complete table B and C.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Table A		
Full Name	2022 or 2023 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.)	
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) Certification Number: _____ <i>Are you a recipient of TANF's Non-Recurrent Short-Term Benefits?</i> <i>If YES, provide date: (month/year):</i> _____
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) Certification Number: _____
<input type="checkbox"/>	Means-Tested Veteran Programs Program Name: _____
<input type="checkbox"/>	Housing/Rental Assistance Program Name: _____ Case Number: _____
<input type="checkbox"/>	Other Power Assistance Program Name: _____

POWER INFORMATION	
GPA Account Number: _____	Account Holder: _____
Is the LIHEAP Applicant also the GPA Account Holder? <i>If NO, complete the LIHEAP self-attestation form.</i>	
Has your power been disconnected?	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?	Have you received a disconnection notice?
What is the total amount past due (include arrears, late fees and reconnection fees) \$ _____	
Is your power account on a payment plan?	If YES, when did the payment plan start? _____
What is the total amount owed on the payment plan? \$ _____	

HOUSING INFORMATION STATUS		
Are you a Homeowner?	If YES, do you pay mortgage?	Mo. Amount?
Are you a Renter?	If YES, what is your monthly rental payment?	Amount?
Other (Explain or use self attestation form)?		
Is the power bill under your Landlord's name? <i>If YES, please provide your landlord information and a copy of your lease as proof that you are required to make direct payment to GPA.</i>		
Landlord Name: _____		Contact Number: _____
Mailing Address: _____		Email Address: _____

CERTIFICATION	
<i>I acknowledge and agree with the following statement below and the information provided in this application is true and correct:</i>	
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
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 *****	
<input type="checkbox"/>	I certify the applicant is ELIGIBLE based on information provided in the application. Total Household Monthly Income \$ _____
<input type="checkbox"/>	I certify the applicant is INELIGIBLE based on the information provided in the application. Total Household Size: _____
Reviewed By: _____	Reviewer Signature: _____ Date: _____