



New Mexico Human Services Department - Income Support Division

LIHEAP Application

Low Income Home Energy Assistance Program

Si Ud. necesita este formulario en español, comuníquese con su trabajador(a)

THIS APPLICATION MAY ONLY BE USED FOR THE LIHEAP PROGRAM

Answer all the questions on the form. You must sign and date the last page of the Application in order for it to be valid. If you would like to receive another type of help that you do not already get, please contact your caseworker and ask for an ISD-100 or ISD-SP101 application form.

FOR OFFICE USE ONLY	Date Received	Worker Name	Disposition Date
---------------------	---------------	-------------	------------------

▼ **APPLICANT Section** ▼

1. Address

Write in your current physical and mailing address

Home Address - Physical Address	City	State	Zip Code	Telephone Contact # ()
Mailing Address if Different from home address	City	State	Zip Code	

2. You and People Who Live with You

A. List names and information for yourself and all the people who live with you.

Name (First and Last)	Social Security #	Sex M = Male F = Female	Date of Birth	Age	Race	Citizenship US = United States I = Immigrant	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
(You)							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Do you get Food Stamps, Medicaid, or Cash Assistance like TANF, GA, or SSI? Yes No

C. If you are Native American, do you live on your Reservation? Yes No If Yes, which one? _____

3. Income

A. Checkmark all sources of income including benefits for all household members and attach proof of the income for the last 30 days.

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Cash Assistance | <input type="checkbox"/> Social Security | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Dividends | <input type="checkbox"/> Veterans | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Military | <input type="checkbox"/> Tribal monies | <input type="checkbox"/> Other _____ |

B. List all the income information for each household member:

Person with Income	Income from?	\$ Amount Before Taxes	How Often? Weekly, Biweekly, Monthly, Semi Monthly
		\$	
		\$	
		\$	
		\$	

4. Home Heating, Cooling and Telephone

A. Which best describes your home costs?

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Public Housing - \$0 rent | <input type="checkbox"/> Public Housing - I pay rent | <input type="checkbox"/> Renting - Not Public Housing | <input type="checkbox"/> Home Owner |
| <input type="checkbox"/> Living with Others - \$0 rent | <input type="checkbox"/> Living with Others - I pay rent | <input type="checkbox"/> Other _____ | |