

Locality/FIPS _____ Case # _____ Date Application Received _____ Worker # _____ Intake Change Renewal

Percentage of Income Payment Program (PIPP) Application

PLEASE ANSWER ALL QUESTIONS COMPLETELY

Your Name (last, first, middle initial): _____ In what city or county do you live? _____

Your Physical/Service Address (include Apt Number): _____

Your Mailing Address (if different from street address): _____

Home Telephone Number: _____ Cell Telephone Number: _____ Work Telephone Number: _____

Email Address _____ Primary Language Spoken in your home: _____

What is the best way for your worker to contact you? CIRCLE only one choice: Home Phone Cell Phone Work Phone Email Address

Preferred Method of **Correspondence** (Note: this is not the same as the best way for your worker to contact you)

If you would like to receive either a text message or an email notifying you that some of your mail about your benefits can be accessed electronically through CommonHelp, select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified through a text or an email, you will receive all written correspondence through the U.S. Mail. If you are completing an application on behalf of another individual as an Authorized Representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

Text Email Cell Phone for Text Message: _____ Cell Service Provider: _____ E-mail Address: _____

1. Is Dominion Energy or American Electric Power (APCo/AEP) your electricity provider? ___ YES ___ NO
2. CIRCLE the letter that best describes your present living situation. Read each one before you choose. **CIRCLE ONLY ONE.**
 - A. I own or am buying my home and pay all heating bills.
 - B. I own or rent my home and do not pay a heating bill.
 - C. I pay \$ _____ rent and also pay for heat separately.
 - E. I pay \$ _____ rent & my heat is included in the rent payment.
 - F. I live in subsidized housing, Section 8, HUD and occasionally pay excess usage charges.
 - G. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my heating bills.
 - I. I live in one room in someone else's house.
 - L. I live in an institution, group home, treatment center, or home for adults.
 - P. I live rent-free in more than one room, house, or apartment and pay for heat.
 - Q. I live in an emergency shelter or I am homeless. I have arranged to move into a house, apartment, or more than one room.
3. Are all of the people in your household United States citizens? ___ YES ___ NO
If NO, who is not a citizen? _____
4. Is anyone in your household disabled? ___ YES ___ NO
If YES, who is disabled? _____
5. How many people live in your household? _____
6. Is anyone temporarily out of the home? ___ YES ___ NO
If YES, who? _____ Expected Date of Return? _____

List yourself first and every person living in the home. List the Social Security Number for everyone who lives in your home. Complete information for each person.

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	GENDER (M, F)	DATE OF BIRTH	RACE	HISPANIC OR LATINO		WORKING		GROSS MONTHLY INCOME AMOUNT Attach proof of income for the full month prior to application	INCOME PAID weekly, biweekly, semi-monthly, monthly	LIST ALL SOURCES OF INCOME Earned Income (List the Name of Employer/Company); Self-employment; Unemployment; Worker's Comp; SSI; Social Security; Veterans Benefit; Retirement; TANF; Child Support; Alimony; Rental Income; etc.
						Yes (Y)	No (N)	Yes (Y)	No (N)			
	Self											

7. Does any household member receive SNAP benefits (formerly Food Stamps)? YES NO If yes, case name(s) _____

8. Does any household member receive Medicaid? YES NO If yes, case name(s) _____

9. Is Medicaid Home & Community-Based Care received? YES NO If yes, by whom? _____ Patient pay amount is \$ _____

10. Does anyone pay for Medicare Part B ___ or D ___ insurance? YES NO If yes, who? _____ How much? \$ _____

11. Check either YES or NO to answer each of the following questions.

A. I pay to heat my home YES NO

B. Oil, kerosene, liquid propane (LP)/ bottled gas, coal, or wood is delivered to my home YES NO

12. Check the type of fuel you use as your primary/main heat source. **CHECK ONLY ONE.**

Electricity Natural Gas Oil Clear Kerosene Dyed (Red) Kerosene Coal Wood Liquid Propane (LP)/Bottled Gas

13. Check the type of equipment you use as the primary/ main heat source for your home. **CHECK ONLY ONE.**

Furnace Radiator Portable Heater Vented Space Heater (heater with outside exhaust or Monitor system)
 Baseboard Heat Pump Fireplace Coal or Wood Stove None Unknown

14. Complete the following information about your electric bill:

Name and address of electric company: _____

Account Name _____ Account Number _____

Who is responsible for paying the bill? _____

Is the payment made by an automatic debit/credit payment or monthly bank draft? YES NO

15. Are you currently enrolled in any of the following renewable home energy or competitive energy supply projects/programs? **CHECK ALL THAT APPLY.**

Community Solar Energy Choice Green Pricing Shared Solar None

Other If OTHER, what is the name of the program? _____

Commonwealth of Virginia Voter Registration Agency Certification

If you are not registered to vote where you live now, would you like to register to vote here today?

I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to voter.

Yes, I would like to apply to register to vote. (Please click here to apply online or click here to download a voter registration form.)

No, I do not want to register to vote.

IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, your application will be kept confidential, and it will be used only for voter registration purposes. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497; (804) 864-8901.

The Virginia Department of Housing and Community Development (DHCD) administers the Weatherization Assistance Program (WAP) through a network of nonprofit organizations around the state. The WAP reduces household energy use through the installation of cost-effective energy savings measures, which also improve resident health and safety. Common measures including sealing air leaks, adding insulation, and repairing heating and cooling systems. More information about the WAP is available at <https://www.dhcd.virginia.gov/wx> or by calling (804) 371-7000. By submitting an application for PIPP, you agree to participate in weatherization activities, programs for energy-efficiency, and energy conservation education if your case is approved.

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services (DSS) within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local DSS has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, disability, sex, age, political beliefs, religion, sexual orientation, marital or family status. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the DSS may use information on this application or that I may be contacted for the purposes of research, evaluation, and analysis to the extent allowed by state and federal law. My signature authorizes the DSS to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance. I understand that, by providing my energy supplier(s)/ account information, I am authorizing the energy supplier(s) to provide details about my account and energy use to the DSS for the purposes of program verification, evaluation, reporting, and analysis. I agree to hold harmless and/or release my energy supplier(s) from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

Applicant's Signature OR Mark: _____ **Date** _____

Witness to Mark or Interpreter: _____ **Phone Number** _____ **Date** _____

Completed on behalf of applicant by: _____ **Phone Number** _____ **Date** _____