

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Pre-Authorization Notice for Automatic
Low Income Energy Assistance Program

Our records show that at your last review your household indicated it would like to be evaluated for a Regular Low Income Energy Assistance Program (LIEAP) automatic payment. To be considered for this automatic payment, you must complete this Pre-Authorization Notice. In order to qualify for an automatic payment, your heating source must be either natural gas or electric and regulated by the West Virginia Public Service Commission (PSC), such as, American Electric Power, Mountaineer Gas, Dominion Hope, etc. If your heating provider is not PSC-regulated, you are not eligible to receive an automatic payment.

Please complete and return this notice no later than **October 21, 2011, along with a copy of your most current utility bill**, to your local Department of Health and Human Resources (DHHR) Office. Once this notice has been accepted and you meet all other eligibility requirements, your application for LIEAP is considered complete and no further action is required. If approved, you will be notified in **November** and the payment will be sent directly to the utility company you provide below. If you fail to return this form or it is incomplete, you will not be considered for the automatic payment and will have to apply during the Regular LIEAP season at your local DHHR office. A denial notice will be issued to you if you do not meet the eligibility requirements. If you received LIEAP last year and do not return this form, an application will be mailed to you at a later date.

Client Information

Please provide the following information.

Case Name: _____ Case Number: _____

Name of Utility Company: _____

Name of Individual on the Utility Bill: _____

Account Number: _____

Heating Type (Check one): ☐ Electric ☐ Natural Gas

Signature and Statement of Liability

Place a check in the appropriate block for the statement below.

☐ YES ☐ NO I certify that I have read or have read to me all statements on this form and I do understand all questions. I further certify that all information given is true and correct to the best of my knowledge.

Signature

Date