



WYOMING LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

APPLICATION GUIDE FOR 2026/2027 SEASON [UPDATED SEPT. 8, 2026]



STEP 1: GATHER DOCUMENTS AND INFORMATION NEEDED.

Gather all necessary documents and information before starting your application to ensure the process is quick and efficient.

Personal Identification & Household Information

Mandatory for all applicants

- **Proof of Identity:** Collect a valid ID for every person living in your home (e.g., driver's license, birth certificate, social security card). This verifies who lives in the household.
- **Household Member Details:** Write down the full name, birth date, relationship to you, phone number, and email address for everyone residing in the home.
- **Authorized Representative ID:** If someone else is applying on your behalf (who does not live with you), you must have a digital copy of their ID ready to upload.

Income Documentation

Mandatory for all working household members

- **Recent Pay Stubs:** Gather the three (3) most recent consecutive pay stubs for every working member of the household.
- **Social Security Award Letter:** If applicable, locate your award letter from the Social Security Administration for the current calendar year to verify benefits.

Utility & Housing Information

Mandatory for all applicants

- **Heating and Electric Bill Statements:** A recent copy of your main heating bill and electric bill showing your name, service address, and account number. If the utility bill is not in your name, you will need to explain why, and provide the name of the person who is on the bill.
- **Housing Type Details:** Know your specific housing situation (rent vs. own, type of structure) to answer questions about your living arrangement.

Special Situation Forms

Required only if applicable to your specific situation. All are available on mylieapwyo.org.

- **Employer Statement:** If you do not have three consecutive pay stubs, your employer will need to complete the Employer Statement form.
- **Zero Income Declaration:** If there is no income in the household, you will need to complete the Self Declaration of Zero Income form and provide an explanation for how household needs and bills are currently being paid.
- **Self Employment Statement:** For self-employed individuals, if you have not filed taxes for the last year, complete the Self Employment Statement to verify income.
- **Statement of Incapacity:** Required if a household member between the ages of 18-49 has a medical condition affecting employment. This document must be completed and signed by a medical professional.
- **Rental Verification:** If you rent your home, you will need to submit the Rental Verification form once it has been completed and signed by your landlord.
- **RV/Camper Form:** If you live in a permanently parked RV, Fifth Wheel, or Camper, complete the Self Declaration of Permanently Parked RV form.
- **Work Registration:** If you are between the ages of 18 and 49, you may need the Work Registration Agreement form depending on your employment status. This form must be signed and dated by the Wyoming Department of Workforce Services.

Technical Preparation

Recommended for a smoother application experience

- **Digital Copies:** Ensure all documents are saved as PDF, PNG, or JPG files.
- **File Size Check:** Verify that each file is under 8 MB to prevent upload errors.
- **Camera/Phone:** If applying via a mobile device, you can use your device's camera to take photos of documents directly within the application portal.

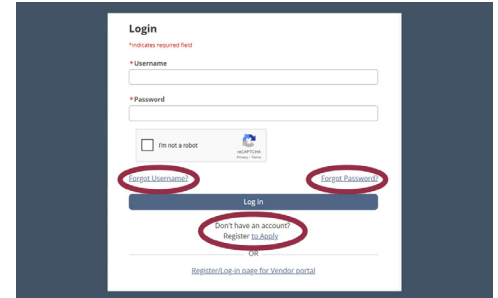
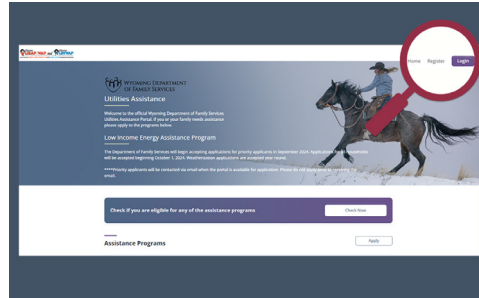
STEP 2: LOG IN OR REGISTER.

1. Access the Application Portal: Visit mylieapwyo.org and click the red “APPLY NOW” button.



2. Log In: If you have an existing account, click the purple “LOGIN” button. In the pop-up box, enter your email and password, check the “I AM NOT A ROBOT” box, and click “LOGIN”.

***** New Users Must Register:** If you do not already have an account with LIEAP, HAF, or ERAP, click on the button “REGISTER” to begin the process. [Please read the Registration Guide at mylieapwyo.org.]



TROUBLESHOOTING TIPS:

- **Forgot Password or Username?** Use the “FORGOT USERNAME?” or “FORGOT PASSWORD?” links on the login page.
- **New email?** If your email address has changed, please call us at (800) 246-4221.
- **Questions?** Call (800) 246-4221 for application assistance. Or visit the FAQ Section at mylieapwyo.org.

APPLICATION TIPS

Follow the application as prompted. Please complete all required fields as designated by the red asterisk and click “SAVE AND NEXT” or “SAVE AND EXIT” at the bottom of each screen.

STEP 3: READ INSTRUCTIONS.

Carefully read the application instructions. At the end, confirm by clicking “I HAVE READ THE APPLICATION INSTRUCTIONS.”

STEP 4: SPECIAL SITUATION ASSESSMENT.

If you are facing a heating emergency, you may qualify for emergency assistance. Select any emergency situations that apply, such as a broken furnace, disconnection notice, or being out of fuel.

STEP 5: PROVIDE DETAILS ABOUT YOUR FUEL PROVIDER.

Under the Energy Details Section, provide details about your primary heating source to process payments.

- **Primary Fuel:** Tell us the main source of heat for your home (e.g., natural gas, propane, electricity).
- **Account Details:** Provide the name of your fuel provider and your account number. If electricity is not your primary heat source, we will also need your fuel provider's details.

The screenshot shows the 'Energy Details' section of a web form. It includes a header 'Energy Details' and a paragraph explaining the need for fuel provider information. A red asterisk indicates required fields. The form contains a dropdown for 'Is the Utility bill in your name?' with 'Yes' selected. Below is the 'PRIMARY FUEL PROVIDER INFORMATION' section, which includes a dropdown for 'What is the MAIN heating source used to heat the residence?' with 'Electricity' selected. It also has a text input for 'Primary Fuel Provider' with 'Black Hills Energy***' and a checkbox for 'Check here if your primary fuel provider does not appear when searching.' There are radio buttons for 'Are you in the process of opening a new account?' with 'No' selected. A text input for 'Primary Fuel Billing Account Number' contains '1231231234'. At the bottom are three buttons: 'Save & Exit', 'Previous', and 'Save & Next'.

STEP 6: PROVIDE DETAILS ABOUT YOUR HOUSEHOLD.

Under the Household Details Section, provide information about where you live: including your address, type of housing, and whether you rent. We also ask about the condition of your home and any household health concerns to see if you qualify for weatherization improvements. This includes information about your furnace, boiler or heating system, including year, make, and model. [See the graphic to the right for more details.]

The screenshot shows the 'Household Details' section of a web form. It includes a header 'Household Details' and a paragraph explaining the need for location information. A red asterisk indicates required fields. The form is divided into three main sections: 'PHYSICAL ADDRESS', 'MAILING ADDRESS', and 'LIVING ARRANGEMENTS'. Each section has a search bar and dropdowns for 'Address Line 1', 'Address Line 2', 'State', 'City', and 'Zip Code'. The 'LIVING ARRANGEMENTS' section includes a dropdown for 'Housing Type' and a dropdown for 'Do you own or rent your home?'. Below these is a section for 'Home Conditions or Concerns' with a list of checkboxes: Electrical Issues, Excess Clutter/Accessibility Issues, Heating System Issues, Home built prior to 1978, Mold/Moisture, Odors, Pests, Structural Issues, Under Current Quarantine, Very cold during winter, and Very hot during summer. There are also dropdowns for 'Received LIEAP Last Year?' and 'Received Weatherization Benefits at this service address?'. The 'HOUSEHOLD HEALTH CONDITIONS' section includes a paragraph asking about health concerns and a list of checkboxes: Allergies, Breathing Problems, Contagious Disease/Condition, Cough, Dizzy Spells, Eyesight Problems, Fever over 100, Headaches, Hearing Problems, Lack of Health Insurance, Mental Health Condition, Mobility Problems, On Oxygen, Shortness of Breath, and Skin Problems. At the bottom are three buttons: 'Save & Exit', 'Previous', and 'Save & Next'.

STEP 7: PROVIDE INFORMATION ON ALL HOUSEHOLD MEMBERS.

Under the Household Members Section, list everyone living in your home. This information is crucial for determining your eligibility and benefit amount.

- **Who to Include:** Every person residing in the home.
- **Details Needed:** Name, birth date, relationship to you, phone number, email, and demographics.
- **Income:** You must report **all** income sources, frequency of payment, and amounts for each household member.

Household Members

We need information about everyone who lives in your home. The number of household members and income for all household members is used to determine eligibility and benefit amount. You must include every person that lives in your home, and tell us about all sources of income for each person.

* indicates required field

MEMBER 1 - HEAD OF THE HOUSEHOLD

PERSONAL INFORMATION

* FIRST NAME: Jane MIDDLE NAME: LAST NAME: Doe

* Relationship: Head of Household * Date of Birth: * Citizenship Status: Select an Option

* Race: Select an Option * Gender: Select an Option

CONTACT INFORMATION

* Primary Phone Type: Select an Option * Primary Phone Number: Secondary Phone Type: Select an Option Secondary Phone Number: Email Address: kristina.packard1+janedoe@wyo.gov * Preferred Contact Method: Select an Option

ADDITIONAL INFORMATION

☐ Disabled ☐ Medicaid ☐ Health Insurance
☐ TANF/POWER ☐ SNAP Food Stamps ☐ Caretaker for child age 5 and under
☐ Student ☐ Unemployed?

* Does this member have income?
☒ Yes ☐ No

Income Instructions:
Complete the information below to tell us about this household member's income.

- If this person receives income from more than one source, use the "Add Additional Income" button to provide information about each source of income.
- You must provide the GROSS amount, which means the total amount before any taxes or deductions are taken out.
- Make sure the Income Amount and Frequency of Payment are aligned. For example, if you are paid \$200 each month, you would enter \$200 as the Income Amount, and you would select "Monthly" as the Frequency of Payment.

Income: + Add Additional Income

* Type of Income: Employment Paystubs * Frequency of Payment: Every other week (bi-weekly)

* Income Amount: \$1,200.00

+ Add Another Member

Save & Exit Previous Save & Next

STEP 8: INDICATE IF YOU HAVE AN AUTHORIZED REPRESENTATIVE.

If you would like someone to act on your behalf regarding your application, you can designate an Authorized Representative. This person cannot live in the same house as you. You will need to upload a copy of their ID.

Authorized Representative Declaration

An Authorized Representative is an adult who can help with your application on your behalf. They can speak with us about your application and help provide the information we need to see if you qualify. This person cannot reside in the same house as you. If you choose to have an Authorized Representative, you will need to provide a copy of their ID.

* indicates required field

Would you like to appoint an Authorized Representative to act on behalf of your household?
☐ Yes ☐ No

Save & Exit Previous Save & Next

STEP 9: UPLOAD REQUIRED DOCUMENTS.

You must upload digital copies (PDF, PNG, or JPG) of the following documents to complete your application. Files must be under 8 MB. [See next page for graphic.]

- **Utility Bills:** Recent copies of your main heating bill and electric bill statements showing your name, service address, and account number.
- **Proof of Identity:** A valid ID for all household members (e.g., driver's license, birth certificate, social security card).
- **Proof of Income:** The three most recent consecutive pay stubs for each working household member or a completed Employers Statement, found at mylieapwyo.org.
- **Social Security Benefits Documentation:** Please provide a copy of the award letter from the Social Security administration for the current calendar

OTHER DOCUMENTS

Depending upon your situation, you may be asked to provide one of these documents. These are available at mylieapwyo.org.

- Employers Statement
- Self Employment Statement
- Self Declaration of Zero Income form
- Work Registration Agreement form
- Rental Verification & Agreement form
- Statement of Incapacity
- Self Declaration of Permanently Parked RV, Fifth Wheel or Camper with a Physical Address form
- Authorized Representative Release Form

STEP 10: REVIEW RIGHTS & RESPONSIBILITIES AND GIVE CONSENT.

Read the Rights & Responsibilities Section carefully. You will need to confirm that the application information is true and complete, and give consent for Wyoming DFS to gather information and process your application.

Documents

Before you can submit your application, you must upload the required documents as indicated below. Upload the required documents below by attaching the required document from your computer or mobile device. The following document types are acceptable: **PDF, PNG, JPG**. Please upload file(s) of size 8 MB or smaller. Incorrect or missing information will delay your application.

*Indicates required field

SOCIAL SECURITY BENEFITS DOCUMENTATION

Please provide a copy of the award letter from the Social Security Administration for the current calendar year.

HOUSEHOLD MEMBER	DOCUMENT TYPE	INCOME TYPE	FILE	ACTION
☒	Jane	* Social Security Benefit, Social Security Disability or Supplemental Security Assistance Award Letter, or Tax-Form 1099-SSA.	66c285b71b8acc8cf50042807d1a0d96.jpg	Upload

UTILITY BILLS

Please provide a copy of your recent main heating bill and your electric bill. The bill(s) or statement(s) must show the service address, account number, and name. If your utility bill is under another name (someone NOT in your household), you will need to provide an explanation to clarify and confirm that you are responsible for heating costs.

DOCUMENT TYPE	FILE	ACTION
☒ * Most Recent Heating Bill	66c285b71b8acc8cf50042807d1a0d96.jpg	Upload

PROOF OF IDENTIFICATION

Please provide Proof of Identification for all household members, which may be a copy of just one of the following: Driver's License, Social Security Card, Birth Certificate, Medical Insurance Card, Military ID, State Issued ID, Passport, current School Record(s) or School ID, Permanent Resident Card, Registered Alien Card, Tribal ID, or Crb Card.

HOUSEHOLD MEMBER	DOCUMENT TYPE	FILE	ACTION
☒	Jane	* Proof of Identification	66c285b71b8acc8cf50042807d1a0d96.jpg Upload

EMPLOYMENT INCOME VERIFICATION

Please provide proof of gross income for the household member listed below: the three most recent consecutive pay stubs for each person (Upload 1 file for the 3 pay stubs), or an Employer Statement Form, completed by the Employer.

HOUSEHOLD MEMBER	DOCUMENT TYPE	INCOME TYPE	FILE	ACTION
☐	Jane	* Three Most Recent Pay Stubs or an Employer Statement Form.		Upload

Save & Exit

Previous

Save & Next

UPLOADING TIP

When adding a document, a pop-up window will give you three options: PHOTO LIBRARY, TAKE A PHOTO, or CHOOSE FILES. This allows you to take photos of documents on your mobile device and upload them.

UTILITY BILLS

A copy of your recent main heating bill and your electric bill. The bill(s) or statement(s) must show the service address, account number, and name. Also, provide copy of sewer and water bill if applicable.

Most Recent Heating Bill X

Attach receipt

Upload Files

Photo Library

Take Photo

Choose Files

FILE

Cancel

Rights & Responsibilities / Consent

RIGHTS & RESPONSIBILITIES

Your Rights

You have a right to non-discrimination.

We ensure that your application is processed fairly without discrimination based on race, color, sex, age, religion, national origin, marital status, or political beliefs.

If you feel you have been discriminated against, contact Clint Hanes, Ombudsman, 2300 Capitol Avenue, 3rd Floor, Cheyenne, WY 82002, 307-777-6597.

You have a right to confidentiality.

We use your information solely to determine eligibility and to comply with other program requirements. Your information is kept confidential and is only shared with necessary authorities for program administration, law enforcement, or legal proceedings.

If you feel your confidential information has been shared inappropriately, contact Tina Packard, LIEAP Program Manager, State of Wyoming Department of Family Services at 307-473-3984 or kristina.packard1@wyo.gov.

You have a right to timely eligibility determination.

You have the right to know if you qualify for assistance within 45 days of submitting your application. For those experiencing emergency situations such as disconnections, we act more quickly to provide help.

If your application has not been processed in a timely manner, you can file a complaint by contacting Tina Packard, LIEAP Program Manager, State of Wyoming Department of Family Services at 307-473-3984 or kristina.packard1@wyo.gov.

You have a right to appeal a decision.

Once your application is processed, you'll receive a notice explaining the decision on your application. If you feel that your application was processed incorrectly, whether it's due to a denial or you believe you are entitled to more benefits, you can file an appeal. The notice you receive will include instructions for filing an appeal.

If you have questions about the appeal process, contact the Wyoming LIEAP Office at 1-800-246-4221 or lieapinfo@wyo.gov.

Your Responsibilities

You have a responsibility to provide complete and accurate information.

Review your application carefully before submitting to make sure you have answered all questions thoroughly and correctly. If you provide false information to receive benefits you are not eligible for, you may be required to pay back those benefits. Legal penalties for providing false information include a fine of up to \$15,000 and/or imprisonment for up to 5 years.

You have a responsibility to cooperate with us to verify the information on your application.

Please ensure you have uploaded legible copies of all required documents before submitting your application. We will review your information and documents to determine if any additional verification is needed. If we need more information or verification:

- We may contact other sources, such as landlords or utility companies, to try to verify information. Your e-signature on the application gives us permission to request any information necessary to determine your eligibility.
- You may need to provide more documents to verify your circumstances. If so, you will receive a notice that tells you what you need to provide. You will have 10 days to provide the requested documents. Failure to provide necessary verification will result in your application being denied.

CONSENT

I certify under penalty of perjury that the information I provided on this application is true, correct, and complete to the best of my knowledge. I understand that providing false information may result in penalties, including but not limited to:

- My application may be denied;
- I may be required to pay back any benefits that I receive but am not eligible for;
- I may face legal consequences: a fine of up to \$15,000 and/or up to 5 years imprisonment.

I understand that the information that I have provided on this application will need to be verified by the LIEAP agency. I agree to cooperate and to provide necessary information and/or documents to verify the details on my application.

I hereby authorize the release of information concerning my LIEAP application and benefits.

- I allow any person having information about me or other household members to give any requested information, including confidential information, to LIEAP program officials to assist in verifying my information and determining my eligibility for LIEAP.
- I allow the LIEAP agency to share information with my utility provider and/or fuel supplier as necessary for payment, to prevent shutoff, or to obtain fuel consumption, fuel usage, fuel type, annual fuel cost, and payment history data for LIEAP and/or weatherization purposes.
- This release is valid from the date I sign this application and shall remain valid until revoked by me, in writing.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

☐ By checking this box, I agree to the above

* Head of the Household

Date

Jane Doe

01-23-2026

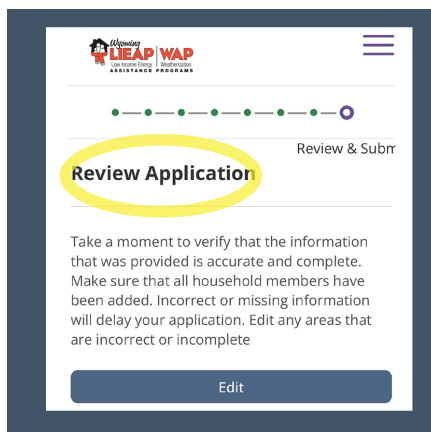
Save & Exit

Previous

Save & Next

STEP 11: REVIEW.

Double-check your entire application for accuracy. Ensure all household members are listed and all documents are attached. **Incorrect or missing information will delay your application.**



STEP 12: SAVE OR SUBMIT.

Scroll to the bottom of the page and click “SUBMIT.” You can also click “SAVE & EXIT” if you need to finish later.



WHAT HAPPENS NEXT?

PAY YOUR UTILITY BILLS

Please continue making regular utility payments to your fuel provider.

PROCESSING

It is essential that you complete the entire application and answer all questions as well as attach all requested information. If you fail to do this, your application will be delayed because LIEAP will have to send you a letter(s) to request this information which typically causes delays in case processing times. Non-emergency applications are processed within 45 days.

CHECKING YOUR STATUS

Please login to the application portal to view the status of your application. Your dashboard will show if you are missing any information. If you still have questions, please contact 1-800-246-4221.

NOTIFICATION OF DECISION

You will receive a decision via email or mail explaining:

- Whether your application was approved or denied.
- The total benefit amount you will receive (if approved).
- Which utility or fuel provider will receive the payment on your behalf.

PAYMENT

Approved benefits are paid directly to your fuel provider, not to you. Once your application is approved, your benefits are secured. If you don't see the credit immediately on your utility account, don't panic—the system is simply waiting on the invoicing process. Here is how the payment flow works:

- **Approval:** LIEAP notifies your utility or fuel provider that you have been approved for a specific amount.
- **Invoicing:** Your provider sends an invoice to the LIEAP office.
- **Payment:** LIEAP sends the payment to your provider, and they apply it as a credit to your account.

IF DENIED

Did you receive a denial from LIEAP? If your application was denied for failure to provide the requested verifications or if your household now has less income, you may reapply. You do not need to start over from scratch. Follow this simple reapplication process explained in the Reapplication Guide available at mylieapwyo.org.



ABOUT US

The Wyoming Department of Family Services (DFS) administers LIEAP, which is funded by a federal block grant program from the U.S. Department of Health and Human Services. DFS connects individuals and families to the resources they need to stay safe and secure where they belong at home. Learn more at dfs.wyo.gov.