

Low-Income Home Energy Assistance (LIHEAP)

Step 1 - complete the application

Step 2 - complete the Client Data Request Waiver

Step 3 – complete the Declaration of Household Income Form (if necessary)

Step 4 - read the Summarized Eligibility Requirements. This is yours to keep.

Return the signed documents to Community Action along with your most recent power, natural gas, and/or propane bills.

Important: Processing your application may take time. Once it is approved, we will notify you. The payment will be mailed directly to your utility provider and posted to your account.

Availability to LIHEAP is not guaranteed. If you have not heard from us within 30 days, please contact your county office.

Email, mail or drop off your application and documentation.

Email to: Liheapdoc@caanw.org

Mail or drop off application and documentation to the county office you live in.

Community Action Agency of Northwest Alabama

- **Colbert County Office:** 505 N Columbia Avenue, Sheffield, AL 35660
Phone Number: (256) 383-3832
- **Lauderdale County Office:** 745 Thompson Street, Florence, AL 35630
Phone Number: (256) 766-4330
- **Franklin County Office:** 1001 Washington Avenue, SW, Russellville, AL 35653
Phone Number: (256) 332-7534

Agency website: www.caanw.org

THIS PAGE IS YOURS TO KEEP

Have you or a household member lost a job or wages due to a State- or Federally-declared disaster or emergency in the last 6 months? (Circle one) Yes or No Are you behind on your home energy bills? (Circle one) Yes or No				Application for Assistance			
				1. If you have an email, please provide it below:			
2. Applicant First Name			MI	Applicant Last Name		Age	3. Telephone:
CUSTOMER ACCOUNT ADDRESS				HOUSEHOLD MAILING ADDRESS			
4. Dwelling #	5. Residence Street Name		6. Apt/Lot	10. Street and Number; P.O. Box; RFD			
7. Residence City		8. State	9. Residence ZIP	11. City		12. State AL	13. Residence ZIP
Number of persons in household who are: Migrant/Seasonal Workers:		Has dwelling ever received any weatherization assistance? (Circle One) Yes or No. If yes, what year was your home weatherized?		Area: N/A Do you rent or own?		Type of Structure (apartment, site-built home, mobile home): Does the government pay any of the rent or house payment? (Circle one) Yes or No	
14. Ethnic Group			15. Sex (Applicant)		16. Have you received LIHEAP before?		
17. Household Size	18. Total Household Income Last Month:		19. Utility allowance received through rent reduction or reimbursement payment: Amount:				
20. # of Household members who are Elderly (60 or over) Disabled Native American Child		21. Primary Heating Fuel (Electric, Natural Gas, Propane, Wood?)		Primary Cooling Fuel Electric		Primary Heating Source	

22. Household members

23. Verification/Remarks

First Name and Last Name
(List Head of Household first)

Age

Social Security Number

Amount of Income Received Last Month

Note: Sections #24 and #25 will be completed by the Community Action Agency when they receive your signed application.

24. Status

Date:

Comments/Explanations:

25. Payment(s) totaling _____

will be made on behalf of the household to:

(Vendor Name)

(Vendor Code)

(Amount)

(Account Name)

(Account Number)

26. STATEMENTS OF AFFIRMATION

I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give consent for this agency to verify the information I have given and for related outside sources to provide any information necessary in the completion of this application. I understand I am responsible for all related costs of the program not paid by the State. I understand that I am subject to all applicable Federal or State laws concerning fraud or if I knowingly provide false or incomplete information in order to obtain assistance.

27. Certification of Section 245A (Amnesty Aliens) and 210 A (Replenishment Agricultural Workers)

I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under section 245A or 210A of the Immigration and Nationality Act as amended by the Reform and Control Act of 1986.

28. Customer is responsible for remaining balance

29. For the purposes of verification and analysis, I grant permission for utility providers and/or fuel suppliers to release energy costs and billing data to the Alabama Department of Economic and Community Affairs.

Applicant Signature

Date

Caseworker Signature

Date

FY 2020
Low Income Home Energy Assistance Program (LIHEAP)
Client Home Energy Data Request Waiver

I, _____, am the customer of record, the customer's spouse, or an authorized agent/third party for the utility company and/or the fuel supplier that provides my household's home energy. I authorize my utility provider and/or my fuel supplier to disclose my customer data (including, but not limited to, energy cost, consumption and billing data) to the Alabama Department of Economic and Community Affairs for the purposes of verification, analysis and reporting.

I agree to hold harmless and/or release such companies from and against any claims, losses, demands, damages or liability of any kind caused by or allegedly caused by such disclosure.

The utility provider that provides electricity for my household is:

Company name: _____

My account number is: _____

My household's primary heating provider is:

Company name: _____

My account number is: _____

Applicant Signature

Date

Declaration of Household Income

Instructions: This form is to be completed by the person applying for assistance if any of the following situations apply to the applicant and/or any household member age 18 and over for the previous month:

- *Had no income and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.*
- *Received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained.*
- *Received money from family/friends.*
- *Received income not reported elsewhere.*

Applicant's name (please print): _____

Applicant's address (please print): _____

Did you or any household member age 18 and over have **no income** last month? If so, complete the following for you and every adult:

Name	How long has this person had no income?

Did you or any household member age 18 and over receive income from **occasional work when a receipt book was not maintained**, receive **money from family or friends**, or receive any **income not reported elsewhere** last month? If so, complete the following for you and every adult:

Name	Amount	Source of income

How do you pay your **rent/mortgage**? _____

How do you pay for **food**? _____

How do you pay for your **utilities**? _____

I certify that the information provided above is true and complete to the best of my knowledge. I understand I may be required to provide proof of any information given and that providing false information will invalidate this form and may require the repayment of any assistance received based on the false information. I understand that I am subject to all applicable Federal or State laws concerning fraud.

Applicant's Signature: _____ Date: _____

**ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**Summarized Eligibility Requirements
October 1, 2019**

The Low-Income Home Energy Assistance Program (LIHEAP) is administered by the Alabama Department of Economic and Community Affairs. At the county level, your Community Action Agency or other designated local agency will be responsible for program administration.

The amount of energy assistance that a household can receive depends on gross household income, family size, and the type of fuel used to heat/cool the home. **You will be responsible to pay any remaining balance of your energy bill after the State makes a payment on your behalf.**

WHO IS ELIGIBLE? Applicants that provide the required information to their local agency and meet the following maximum monthly gross income:

1 person	\$1,561	5 person	\$3,771
2 person	\$2,113	6 person	\$4,323
3 person	\$2,666	7 person	\$4,876
4 person	\$3,218	8 person	\$5,428

(Add \$552 for each additional household member above eight)

OTHER REQUIREMENTS: In order to receive assistance under this program, a household must also:

1. Live in Alabama and be a U. S. citizen or qualified alien. Check with your local agency concerning eligibility for qualified and non-qualified aliens.
2. Provide information so your local agency can determine if you are eligible for assistance.
3. Provide proof of income for all current household members for the month prior to application. If a household member claims zero income that cannot be verified by a governmental agency, the *Declaration of Household Income form* must be completed.
4. Furnish Social Security cards for all household members and photo ID for person applying. If mailing your application, do not mail original social security cards or photo IDs; please send a photocopy.
5. Furnish a recent heating/cooling bill which includes your customer account number. Bill must be in the name of the head of household or spouse.

HOW TO APPLY: The head of household or spouse should contact your local community action agency office.

AMOUNT OF PAYMENT: All payment amounts will be set by the local agency in accordance with the LIHEAP Manual.

METHOD OF PAYMENT: All payments will be made directly to participating vendor typically within thirty (30) days of application approval. Eligible households will be notified when a payment is made on their behalf.

CONFERENCE OR FAIR HEARING: If you are not satisfied with the local agency's decision about your application, you can request a conference and/or a formal hearing. For a formal hearing, you must submit a written request to the local agency within 45 days from when you were informed of the decision on your application. The State Office in Montgomery will make the final decision on all hearings. You may be entitled to free legal services concerning your dissatisfaction about your case.

If you have an appointment and are age 60 or over and/or disabled, someone can go to the appointment on your behalf. Please complete the following:

I give _____ permission to make application for the Energy Assistance Program for my household. I (or my spouse) am	
_____ age 60 or over	
_____ disabled	
_____ (Signature of Head of Household or Spouse)	_____ Date
_____ (Witness, if signed by mark)	_____ Date