



Energy Assistance Instruction Sheet and Guide

The Low-Income Home Energy Assistance Program (LIHEAP) helps qualified households in meeting the rising costs of home energy. Please read this letter carefully and use the step-by-step guide below to ensure you are submitting a complete application. *Failure to provide requested information and documents will delay your application process.*

Step 1 Complete & Sign Application

Step 2 Complete & Sign the Client Home Energy Data Request Waiver (ALL blanks must be completed)

Step 3 Include COPY of PHOTO ID for Head of Household or Spouse (Person Signing Application)

Step 4 Include COPY of SOCIAL SECURITY CARDS for ALL household members.

Step 5 Include COPY of INCOME DOCUMENTATION for ALL household members for the entire prior calendar month (no bank statements) Examples below are a guide, but not limited to:

- Pay stubs for the entire prior calendar month (determined by pay DATE rather than pay period)
- **Current** Social Security, SSI, Disability benefit letter
- Child Support, TANF
- EXCEPTION If anyone 18 or over had NO INCOME, Income from Occasional Work and/or Received money from family or friends or Income not reported elsewhere COMPLETE Step 6

Step 6 Complete & Sign the Declaration of Household Income (this Replaces Zero-Income Form) ONLY COMPLETE if anyone 18 or over in the household had NO INCOME for the month prior to application OR received INCOME FROM OCCASIONAL WORK (such as lawn care, house cleaning, babysitting, etc.) and/or RECEIVED MONEY from family or friends or INCOME NOT REPORTED ELSEWHERE.

Step 7 Include Current utility bill/statement.

Step 8 Include COPY of Lease/Utility Allowance – ONLY For Section 8/HUD or income-based housing.

Step 9 Submit Application Packet (only **ONE** method is needed for submission):

- **Drop off or mail** application and documentation to the CAANW Office in the county you live in.

Community Action Agency of Northwest Alabama

Colbert County Office: 505 N Columbia Avenue, Sheffield, AL 35660
Phone Number: (256) 383-3832 Fax: (256) 381-4107

Lauderdale County Office: 745 Thompson Street, Florence, AL 35630
Phone Number: (256) 766-4330 Fax: (256) 766-4367

Franklin County Office: 13150 Hwy 43, Suite 4, Russellville, AL 35653
Phone (256) 332-7534 Fax: (256) 332-7520

Step 10 Review each page for completeness, sign/date where requested, and include required documents.

Processing your application is our top priority; however, it does take time. You will be contacted by telephone 1) once application is approved, 2) if additional information is needed or 3) if there are any discrepancies in your application in comparison to information on file. Your utility provider will be notified the day your award is issued, and you will receive a copy of the award.

If you have not heard from our staff within **15 days**, please contact our office at **256-766-4330**.

Agency website: www.caanw.org

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

Summarized Eligibility Requirements

Effective October 1, 2025

The Low-Income Home Energy Assistance Program (LIHEAP) is federally funded by the U.S. Department of Health and Human Services and is administered by the Alabama Department of Economic and Community Affairs. Funds are allocated to Community Action Agencies based on poverty level percentages for the counties in the agency's catchment area. 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 the amount of available federal funds, gross household income, family size, and the type of fuel used to heat/cool the home. **You are responsible for paying any remaining balance on your energy bill not covered with program funds.**

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

1 person	\$1,956	6 person	\$5,394	11 person	\$8,831
2 person	\$2,644	7 person	\$6,081	12 person	\$9,519
3 person	\$3,331	8 person	\$6,769	13 person	\$10,206
4 person	\$4,019	9 person	\$7,456	14 person	\$10,894
5 person	\$4,706	10 person	\$8,144	15 person	\$11,581

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

1. Reside in Alabama and be a U.S. citizen or qualified non-resident. Check with your local agency concerning eligibility for qualified and non-qualified non-residents.
2. Provide information so your local agency can determine if you are eligible for assistance.
3. Provide proof of gross income for all current household members for the month prior to the month of application. If a household member claims zero income and that information cannot be verified by a governmental agency, a *Declaration of Household Income form* must be completed.
4. Furnish Social Security cards for all household members and the applicant's photo ID. 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 their spouse.

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

AMOUNT OF PAYMENT: If funding is available, all payment amounts will be set by the local agency in accordance with LIHEAP Manual.

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

CONFERENCE OR FAIR ADMINISTRATIVE HEARING: You can request a conference and/or a fair administrative hearing if your: 1) Application is denied; 2) Application is neither approved nor denied within 15 days after the date of application, unless the delay was caused by the applicant's lack of cooperation in providing necessary information to determine eligibility; 3) Applicant is dissatisfied with the amount of LIHEAP assistance provided the amount in question is not in conflict with the Payment Assistance Chart; or, 4) Applicant disagrees with eligibility determination, provided the documentation submitted is not in conflict with requirements listed in Section 5 of this Policy Manual. For a fair administrative 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 with 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 (and my spouse) am	
_____ age 60 or over	
_____ disabled	
_____ (Signature of Head of Household or Spouse)	_____ Date
_____ (Witness, if signed by mark)	_____ Date



Application for Assistance

1. If you have an email, please provide it below:

2. Applicant First Name		MI	Applicant Last Name		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: Under 18 years of age: 18 years of age or older: Migrant/Seasonal Workers:		Has dwelling ever received any weatherization assistance from a previous federally funded weatherization program? Circle one: Yes or No Date:	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. Household Monthly Income		19. Utility allowance received through rent reduction or payment	
20. # of Household members who are: Elderly (60 or over) Native American Disabled Child		21. Primary Heating Fuel (Electric, Natural Gas or Propane)		Primary Cooling Fuel (Electric)	Primary Heating Source (Electric or Gas)

22. Household members

23. Verification/Remarks

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

Date of Birth

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.
Customer is responsible for remaining balance 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. The Home Energy Assistance Act of 1981 provides that a household which is dissatisfied with the local agency's decision about its application has the right to submit a written request for a conference and/or fair hearing. The request must be made to the local agency within 45 days from the day the applicant was informed of the decision.

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	<input type="checkbox"/> Second Party?	Date	Caseworker Signature	Date
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FY 2026
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. (This includes funds for rent, food, utilities, and other needs.)*
- *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 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: _____

Household Members Information

Name (First and Last) <hr/> DOB / / SSN - - Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Education: <hr/> Race <input type="checkbox"/> Black/Af.Am. <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Name (First and Last) <hr/> DOB / / SSN - - Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Education: <hr/> Race <input type="checkbox"/> Black/Af.Am. <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Name (First and Last) <hr/> DOB / / SSN - - Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Education: <hr/> Race <input type="checkbox"/> Black/Af.Am. <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Name (First and Last) <hr/> DOB / / SSN - - Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Education: <hr/> Race <input type="checkbox"/> Black/Af.Am. <input type="checkbox"/> White <input type="checkbox"/> Bi-/Multiracial <input type="checkbox"/> Other Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO <<Health Insurance <input type="checkbox"/> YES <input type="checkbox"/> NO <<Military/Veteran <p style="text-align: center;"><u>Type of Health Insurance</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <<Health Insurance <input type="checkbox"/> YES <input type="checkbox"/> NO <<Military/Veteran <p style="text-align: center;"><u>Type of Health Insurance</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <<Health Insurance <input type="checkbox"/> YES <input type="checkbox"/> NO <<Military/Veteran <p style="text-align: center;"><u>Type of Health Insurance</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <<Health Insurance <input type="checkbox"/> YES <input type="checkbox"/> NO <<Military/Veteran <p style="text-align: center;"><u>Type of Health Insurance</u></p>
<p style="text-align: center;">INCOME INFORMATION</p> \$ _____ <p style="text-align: center;">Source</p> <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Other <input type="checkbox"/> Social Security <p style="text-align: center;">Frequency (Wages or Other)</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<p style="text-align: center;">INCOME INFORMATION</p> \$ _____ <p style="text-align: center;">Source</p> <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Other <input type="checkbox"/> Social Security <p style="text-align: center;">Frequency (Wages or Other)</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<p style="text-align: center;">INCOME INFORMATION</p> \$ _____ <p style="text-align: center;">Source</p> <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Other <input type="checkbox"/> Social Security <p style="text-align: center;">Frequency (Wages or Other)</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<p style="text-align: center;">INCOME INFORMATION</p> \$ _____ <p style="text-align: center;">Source</p> <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Other <input type="checkbox"/> Social Security <p style="text-align: center;">Frequency (Wages or Other)</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly

Every person that lives in your household must be listed on this form. By filling out the information on each person in your household it ensures that we have updated information in our system to better assist you with your needs.

Applicant's Signature _____ Date _____

Please make copies of this form if needed for additional household members

Shoals Emergency Assistance Network

Shared Case Management Software - SEANTracker

RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ First Name: _____ MI: _____

Address: _____ City/St/Zip: _____

Date of Birth: _____ Social Security Number: _____

The **Shoals Emergency Assistance Network**, "*hereafter referred to as "SEANTracker"*", is a shared, computerized record keeping system that captures information about people experiencing need for the emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. **United Way of Northwest Alabama, Inc.** administers, SEANTracker on behalf of member organizations of the Shoals Emergency Assistance Network, including **Community Action Northwest**.

I understand that all information gathered about me is personal and private and that I do not have to participate in SEANTracker. I have had an opportunity to ask questions about SEANTracker and to review the basic identifying information, which is authorized by this release for the Shoals Emergency Assistance Network Member Organizations to share. I also understand that information about non-confidential services provided to me by SEANTracker Member Organizations may be shared with other SEANTracker Member Organizations. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in SEANTracker.

I authorize **Community Action Agency of Northwest AL**, as a SEANTracker Member Organization, to share by basic, identifying and non-confidential service transactions/information with other SEANTracker Member Organizations. I authorize the use of a copy of this original to serve as an original for the purposes stated above.

Client's Authorizing Signature

Date

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Based on the above Information, I further authorize **Community Action Agency Northwest**, as a SEANTracker Member Organization, to share my dependent's basic, identifying and non-confidential service transactions/information with other SEANTracker Member Organizations.

_____ Dependent's Name	_____ DOB	_____ Social Security Number
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_____ Dependent's Name	_____ DOB	_____ Social Security Number
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_____ Dependent's Name	_____ DOB	_____ Social Security Number
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_____ Dependent's Name	_____ DOB	_____ Social Security Number
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_____ Dependent's Name	_____ DOB	_____ Social Security Number
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_____ Dependent's Name	_____ DOB	_____ Social Security Number
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_____ Dependent's Name	_____ DOB	_____ Social Security Number
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Parent/Legal Guardian's Authorizing Signature

Agency Representative Signature

Date

Date