

KEEP THIS SHEET



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.**

NOTE: The heating assistance program season is **November 1st through May 31st.**

Step 1 Complete & Sign Application (*Page 1*)

Step 2 Complete & Sign the Client Home Energy Data Request Waiver (complete ALL blanks) (*Page 3*)

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)
- Social Security, SSI, Disability yearly benefit letter for 2020 (2021 beginning in February)
- 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 (*Page 4*)

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 or propane quote and account number

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

NOTE: If you live in certain income-based housing, your heat is provided and you are not eligible for assistance.

Step 9 Review each page for completeness, sign/date where requested, and include required documents.

Step 10 Submit Application Packet (only ONE method is needed for submission):

- **Email** scanned application to **liheap@capna.org**
- **Mail** to Community Action Partnership of North Alabama, ATTN: LIHEAP Dept., 1909 Central Parkway SW, Decatur AL 35601
- **Drop Box** the sealed envelope labeled ATTN: LIHEAP Dept. in the designated outdoor drop box at our Central Office location at 1909 Central Parkway SW in Decatur
- **Fax** to **256-355-7953**, with ATTN: LIHEAP Dept. on cover sheet

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 **14 business days**, please contact our office at **256-355-7843, extension 105.**
www.capna.org | liheap@capna.org | 256.355.7843

LIHEAP

APPLICATION FORM



Have we assisted your household within the last **3 years**? YES NO
 Have you become unemployed because of the COVID-19 pandemic? YES NO

Applicant Information - Head of Household

First Name _____			Middle/Maiden Name _____			Last Name _____		
Date of Birth _____				SSN _____				
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other/Prefer Not to Answer			Disabled <input type="checkbox"/> YES <input type="checkbox"/> NO					
Marital Status (Check one)			Work Status (Check one)			Race (Check one)		
<input type="checkbox"/> Single (Living alone)			<input type="checkbox"/> Employed Full-time			<input type="checkbox"/> Black/African Am		
<input type="checkbox"/> Single (Living w/partner)			<input type="checkbox"/> Employed Part-time			<input type="checkbox"/> White		
<input type="checkbox"/> Single Male living w/children			<input type="checkbox"/> Retired			<input type="checkbox"/> Bi-racial/Multi-racial		
<input type="checkbox"/> Single Female living w/children			<input type="checkbox"/> Unemployed more than 6 mos			<input type="checkbox"/> Other		
<input type="checkbox"/> Married no children in home			<input type="checkbox"/> Unemployed less than 6 mos			Ethnicity (Check one)		
<input type="checkbox"/> Married w/children in home			<input type="checkbox"/> Unemployed by choice			Hispanic/Latino/Span Dec		
<input type="checkbox"/> Foster Parent			<input type="checkbox"/> Migrant/Seasonal Worker			<input type="checkbox"/> YES <input type="checkbox"/> NO		

HEAD OF HOUSEHOLD INCOME INFORMATION

\$ _____ **Frequency of income**
 (Wages and Other only, if applicable)

Source (Check one)		Wages	Other
<input type="checkbox"/> Wages	<input type="checkbox"/> TANF	<input type="checkbox"/> Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> SSI	<input type="checkbox"/> Other _____	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Bi-weekly
<input type="checkbox"/> Social Security		<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Semi-monthly

HEAD OF HOUSEHOLD ONLY

Home Address _____ Mailing Address _____

County of Residence _____ Housing Own Rent Subsidized

Primary Phone _____ Rent/Mortgage \$ _____ /mo

Primary heating/cooling source Electric Natural Gas Kerosene Wood Propane

Primary heating/cooling provider _____

Propane provider (if appl) _____ Account # _____

Applicant Signature _____ **Date** _____

NOTE: Use this page ONLY if more than 1 person in the household

Household Members Information

Name (First Last)	Name (First Last)	Name (First Last)	Name (First Last)
_____	_____	_____	_____
DOB _____	DOB _____	DOB _____	DOB _____
SSN _____	SSN _____	SSN _____	SSN _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Race <input type="checkbox"/> Black/ Af. Am. <input type="checkbox"/> White <input type="checkbox"/> Bi-/ Multiracial <input type="checkbox"/> Other	Race <input type="checkbox"/> Black/ Af. Am. <input type="checkbox"/> White <input type="checkbox"/> Bi-/ Multiracial <input type="checkbox"/> Other	Race <input type="checkbox"/> Black/ Af. Am. <input type="checkbox"/> White <input type="checkbox"/> Bi-/ Multiracial <input type="checkbox"/> Other	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	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <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	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other
INCOME INFORMATION \$ _____	INCOME INFORMATION \$ _____	INCOME INFORMATION \$ _____	INCOME INFORMATION \$ _____
Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Other <input type="checkbox"/> Social Security	Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Other <input type="checkbox"/> Social Security	Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Other <input type="checkbox"/> Social Security	Source <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Other <input type="checkbox"/> Social Security
Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Frequency (Wages or Other) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly

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.

Applicant's Signature _____

Date _____

ALL blanks must be completed or your application will NOT be processed.



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 (ADECA) 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.

My household's electricity provider information

Company name _____

My account number is _____

My household's primary heating provider information

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 adult 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 information for you and every adult in the household.

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 in the household.

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** _____