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](http://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

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

2. applicant first name

3. telephone:

4. dwelling #

5. residence street name

6. apt/lot

7. residence city

8. state

9. residence zip

10. street and number; p.o. box; rfd

11. city

12. state

13. residence zip

14. number of persons in household who are:

migrant/seasonal workers:

number does dwelling ever received any weatherization assistance? (circle one) yes or no. if yes, what year was your home weatherized?

area: n/a

does the government pay any of the rent or house payment? (circle one) yes or no

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

primary heating source

electric

22. household members

first name and last name

(list head of household first)

23. verification/remarks

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

applicant signature

date

rev april 2020
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

LIHEAP-101A                                October 2019
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>How long has this person had no income?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Source of income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

How do you pay your rent/mortgage? ________________________________
How do you pay for food? ________________________________
How do you pay for 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: _____________

LIHEAP-102
April 2020
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:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$1,561</td>
<td>5 person</td>
<td>$3,771</td>
</tr>
<tr>
<td>2 person</td>
<td>$2,113</td>
<td>6 person</td>
<td>$4,323</td>
</tr>
<tr>
<td>3 person</td>
<td>$2,666</td>
<td>7 person</td>
<td>$4,876</td>
</tr>
<tr>
<td>4 person</td>
<td>$3,218</td>
<td>8 person</td>
<td>$5,428</td>
</tr>
</tbody>
</table>
(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 |