

What You Need for Energy Assistance

- Social Security cards for all household members
- Current photo ID for Head of Household and/or valid applicant
- Proof of income for entire previous calendar month for all household members
(NO bank statements)
 - We use **PAY DATE** from check stubs. Be sure to bring all stubs from the previous calendar month. For example, if you're filling out an application in December, income should be from November. NOTE: If any household member is over 18 and had NO income the previous month a Declaration of Household Income form (included in this packet) must be completed.
- Household members who receive any type of monthly Social Security payment may present 2021 Social Security letter as proof of income.
- Current utility bill or utility statement
- For Section 8/HUD or income-based housing, a current copy of the utility allowance.
 - Utility allowances may be obtained from the Housing Authority or listed on your current lease.
- Medical documentation for all claimed illness or conditions that are weather-related, only if requested.

If you have any further questions, please visit our website at www.caaneal.org or message us on Facebook at Community Action Agency of Northeast Alabama.

**Community Action Agency of
Northeast Alabama**

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 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, sitebuilt 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)	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. 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 2023
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 applies 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 miscellaneous 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: _____

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
PAYMENT ASSISTANCE CHART
PY 2023**

1 PERSON

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$566	\$500	\$480	\$440	\$400
\$567 – \$1,133	\$470	\$450	\$410	\$370
\$1,134 – \$1,699	\$380	\$360	\$320	\$280

2 PERSON

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$763	\$510	\$490	\$450	\$410
\$764 – \$1,527	\$480	\$460	\$420	\$380
\$1,528 – \$2,289	\$390	\$370	\$330	\$290

3 PERSON

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$959	\$520	\$500	\$460	\$420
\$960 – \$1,919	\$490	\$470	\$430	\$390
\$1,920 – \$2,879	\$400	\$380	\$340	\$300

4 PERSON

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$1,156	\$530	\$510	\$470	\$430
\$1,157 – \$2,313	\$500	\$480	\$440	\$400
\$2,314 – \$3,469	\$410	\$390	\$350	\$310

Note: Households with more than four persons will receive benefits in the same amount as the chart of four.

5 person	\$4,059	9 person	\$6,419
6 person	\$4,649	10 person	\$7,009
7 person	\$5,239	11 person	\$7,599
8 person	\$5,829	12 person	\$8,189

Add \$590 for each additional member in households with more than 8

Add an additional \$50 if you have determined the household has a high energy need such as those with children under 18, elderly or disabled members. The additional \$50 cannot be split and crisis awards cannot exceed minimum amount necessary to alleviate the crisis.