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AMERICA'S POVERTY FIGHTING NETWORK

Energy & Water Assistance Instruction Sheet and Guide

The LIHEAP and LIHWAP programs help qualified households in meeting the rising costs of home energy and water. 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 **October through May**.
The cooling assistance program season is **June through September.**

Step 1 Complete & Sign Application *(Page 1)*
Step 2 Complete & Sign the Client Consent and Data Request Form *(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
- 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 OCCCASIONAL 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** (winter only), and/or **CURRENT WATER BILL** with **ACCOUNT NUMBER(S)**
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 and supporting documents 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

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What type of assistance are you applying for? ☐ Cooling/Heating ☐ Water

Applicant Information - Head of Household

First Name **Middle/Maiden Name** **Last Name**

Date of Birth _____ **SSN** _____

Gender ☐ M ☐ F ☐ Prefer not to answer **Disabled** ☐ YES ☐ NO

Marital Status (Check one)
- ☐ Single (Living alone)
- ☐ Single (Living w/partner)
- ☐ Single Male living w/children
- ☐ Single Female living w/children
- ☐ Married no children in home
- ☐ Married w/children in home
- ☐ Foster Parent

Work Status (Check one)
- ☐ Employed Full-time
- ☐ Employed Part-time
- ☐ Retired
- ☐ Unemployed more than 6 mos
- ☐ Unemployed less than 6 mos
- ☐ Unemployed by choice
- ☐ Migrant/Seasonal Worker

Race (Check one)
- ☐ Black/African Am
- ☐ White
- ☐ Bi-racial/Multi-racial
- ☐ Other

Ethnicity (Check one)
Hispanic/Latino/Span Dec
☐ YES ☐ NO

HEAD OF HOUSEHOLD INCOME INFORMATION

$ _____

Source (Check one)
- ☐ Wages
- ☐ SSI
- ☐ Social Security
- ☐ TANF
- ☐ Other _____

Frequency of income
(Wages and Other only, if applicable)

Wages	**Other**
☐ Weekly	☐ Weekly
☐ Bi-weekly	☐ Bi-weekly
☐ Monthly	☐ Monthly
☐ Semi-monthly	☐ 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, winter only) _____

Water provider _____

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 ☐ M ☐ F ☐ Other	**Gender** ☐ M ☐ F ☐ Other	**Gender** ☐ M ☐ F ☐ Other	**Gender** ☐ M ☐ F ☐ Other
Race ☐ Black/ Af. Am. ☐ White ☐ Bi-/ Multiracial ☐ Other	**Race** ☐ Black/ Af. Am. ☐ White ☐ Bi-/ Multiracial ☐ Other	**Race** ☐ Black/ Af. Am. ☐ White ☐ Bi-/ Multiracial ☐ Other	**Race** ☐ Black/ Af. Am. ☐ White ☐ Bi-/ Multiracial ☐ Other
Relationship to Applicant ☐ Spouse ☐ Parent ☐ Child ☐ Grandchild ☐ Other	**Relationship to Applicant** ☐ Spouse ☐ Parent ☐ Child ☐ Grandchild ☐ Other	**Relationship to Applicant** ☐ Spouse ☐ Parent ☐ Child ☐ Grandchild Other	**Relationship to Applicant** ☐ Spouse ☐ Parent ☐ Child ☐ Grandchild Other
INCOME INFORMATION **$**	**INCOME INFORMATION** **$**	**INCOME INFORMATION** **$**	**INCOME INFORMATION** **$**
Source ☐ Wages ☐ TANF ☐ SSI ☐ Other ☐ Social Security	**Source** ☐ Wages ☐ TANF ☐ SSI ☐ Other ☐ Social Security	**Source** ☐ Wages ☐ TANF ☐ SSI ☐ Other ☐ Social Security	**Source** ☐ Wages ☐ TANF ☐ SSI ☐ Other ☐ Social Security
Frequency *(Wages or Other)* ☐ Weekly ☐ Monthly ☐ Bi-weekly ☐ Semi-monthly	**Frequency** *(Wages or Other)* ☐ Weekly ☐ Monthly ☐ Bi-weekly ☐ Semi-monthly	**Frequency** *(Wages or Other)* ☐ Weekly ☐ Monthly ☐ Bi-weekly ☐ Semi-monthly	**Frequency** *(Wages or Other)* ☐ Weekly ☐ Monthly ☐ Bi-weekly ☐ 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*** _____

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

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Client Consent and Data Request Form

I give permission to my local community action agency to complete an application for assistance.

I understand I am responsible to continue paying my bill(s) and to pay for any balance of a bill after my local agency has made a payment on my behalf.

Statement of Affirmation:

I hereby give consent for Community Action Partnership of North Alabama (CAPNA) 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 Alabama Department of Economic and Community Affairs (ADECA) or the local community action agency.

I am the customer of record, customer's spouse or authorized agent/third party for the utility company and/or supplier that provides my household's **home energy, heat source, drinking water or wastewater services**.

I authorize my utility company and/or my supplier to disclose my customer data (including but not limited to, cost, consumption, and billing data) to ADECA and CAPNA 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 is:
Company name: _____

My account number is: _____

My household's primary heating provider is:
Company name: _____

My account number is: _____

My household's water/wastewater provider is:
Company name: _____

My account number is: _____

_____ _____
Signature Date

_____
Printed Name

(P) 256-355-7843 | (F) 256-355-7953 | (E) liheap@capna.org

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Zero Income Statement

Instructions: *This form is to be completed by the person applying for assistance if any of the below situations apply to any adult household member age 18 and over any time 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** any time in the past 12 months? 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** _____