

# LIHEAP/LIHWAP Application



<b>OFFICE USE ONLY</b>	Year: _____
<input type="checkbox"/> Cooling	
<input type="checkbox"/> Heating	
<input type="checkbox"/> Crisis	
<input type="checkbox"/> _____	
Benefit Amount: \$ _____	
Client #: _____	
App Qualified by: _____	
Central Office Certification: _____	

<b>Full Name:</b>						
Last		First		Middle		
<b>Social Security Number:</b>			<b>Date of Birth:</b>			
<b>Address</b>						
Street Address					Apartment/Unit #	
City		State		Zip Code		
<b>Home Phone Number:</b>		<b>Cell Phone Number:</b>		<b>Email Address:</b>		
<b>Name on Entergy Account:</b> (i.e. John Smith)		<b>Name on Atmos (Gas) Account:</b> (i.e. John Smith)		<b>Name on JP/Gretna/Westwego Water Account:</b>		
<b>Entergy Account Number:</b>		<b>Atmos Account Number:</b>		<b>Water Account Number:</b>		
<b>Gender</b>	<b>Marital Status</b>	<b>Race</b>	<b>Age</b>	<b>Medical Insurance?</b>	<b>Highest Grade Completed</b>	<b>No. in Household</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated			<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Military <input type="checkbox"/>		
<b>Applicant Questionnaire</b>						
Do you receive Food Stamps?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you medically disabled? If yes, please provide proof of disability.		<input type="checkbox"/> Yes <input type="checkbox"/> No		Section 8 or Subsidized Housing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
				Are you a Veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive SSI or SSA Benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a new applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or rent your residence?		<input type="checkbox"/> Rent <input type="checkbox"/> Own		Are you a Registered Voter?		<input type="checkbox"/> Yes <input type="checkbox"/> No

## DEPENDENTS/HOUSEHOLD MEMBERS

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Gender	Disabled	Insurance	Highest Grade Completed
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	

**ADDITIONAL DEPENDENTS/HOUSEHOLD MEMBERS**

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Gender	Disabled	Insurance	Highest Grade Completed
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	

**CERTIFICATION STATEMENT  
For  
COMMUNITY SERVICES BLOCK GRANT  
PROGRAM PARTICIPANTS**

ACKNOWLEDGING RECEIPT OF NOTICE ABOUT WHERE TO OBTAIN INFORMATION ON CSBG DISCRIMINATION COMPLAINT AND GRIEVANCE PROCEDURES.

I certify that I have been advised of my rights under Department of Health and Human Services' Regulations 45 CFR 80, Title VI of Civil Rights Act of 1964, and 45 CFR 84, and Nondiscrimination on basis of handicap in Programs and Activities Receiving Federal Financial Assistance and understand these rights as they have been explained to me. Additionally, I have been provided a copy of the notice that includes information on where to file a CSBG discrimination complaint and/or grievance procedure. JeffCAP are funded indirectly or directly by CSBG.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**CLIENT EDUCATION STATEMENT:**

I \_\_\_\_\_, have viewed the Energy Conservation Video and/or received energy saving information during my initial  
**Print Name**

application for assistance under the Low-Income Home Energy Assistance Program. The expiration of the client education form extends within six (6) months of signature.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**\*\*\*CLIENT SIGNATURE IS VALID FOR 6 MONTHS AFTER DATED SIGNATURE\*\*\***

**ASSURANCE STATEMENT & AUTHORIZATION TO RELEASE INFORMATION:**

**APPLICANT AUTHORIZES LHC TO RELEASE INFORMATION**

- I understand that the personal information furnished by me to process my LIHEAP application for assistance is confidential information.
- I understand that providing authorization to release information is not required for me to obtain services under LIHEAP and is strictly voluntary.
- I understand and agree to the release of my energy expenditure data to others; that the collection of the data is for statistical research, referral evaluation and/or analysis; that I hold harmless the vendor(s) that supply the data to the grantee.
- I authorize Louisiana Housing Corporation (LHC) to release or disclose all or parts of the information in my client file to outside sources for the purposes stated above.

YES     NO

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**LA LIHEAP Assurance Statement:**

**APPLICANT ASSURES THAT:**

- I have furnished true and correct information regarding household income and size and agree to promptly report any changes in the household income or number of individuals living at the listed address;
- I grant Jefferson Community Action Agency, Inc. and the LHC full permission to verify any and all information with both public and private sources or any entity, which may have furnished me utility services;
- I understand that if I receive services for which I am ineligible because of false information, I may be required to repay the LHC;
- I understand that I have a right to request a fair hearing from the LHC if I feel that the decision regarding services requested is unfair or that my civil rights have been violated. The contractor staff person completing this application has read these assurances to me; I fully understand this agreement and have been given an opportunity to ask questions;
- I understand that by signing this document that I attest to the truth of all information provided (either verbally or in writing) to the LHC;
- I certify that I live at the listed address and am responsible for payment of utility bills at that address.
- I certify the listed address is my primary place of residence.

YES     NO

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Right to an Appeal and Fair Hearing:**

If you believe that you have been treated unfairly or a mistake has been made about your eligibility for services; you have the right to request a fair hearing. This means that you will be given an appeal review and/or hearing by the LHC at which time you will be able to present your side for review by persons who will assure that you are treated fairly.

Before you request a fair hearing, you or your representative may discuss your concerns with a worker or supervisor of the contractor agency for an explanation of the reason for the agency's action. If you are still dissatisfied, you may request a fair hearing within 30 days after the agency's decision by completing and signing below and mailing this form to Louisiana Housing Corporation - 11637 Industriplex Blvd. - Baton Rouge, LA 70807

You will be notified of the date and place of the fair hearing at which time you can represent yourself or authorize someone else such as legal counsel, relative or friend. I wish to request a fair hearing because.

**Comment:**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Civil Rights:**

If you believe you have been discriminated against because of race, color, religion, gender, age, national origin, and/or handicapped condition, you may file a complaint either through the contractor agency or directly to Louisiana Housing Corporation - 11637 Industriplex Blvd. - Baton Rouge, LA 70807 or to the Louisiana Commission on Human Rights 695 N. 4th Street Suite 822 - Baton Rouge, LA 70802, or to the EEO Commission, New Orleans Field Office, 500 Poydras St., Suite 809 - New Orleans, LA 70130

By signing this application below, I acknowledge that I have read all of the above information, the certifications, and my rights as an applicant for services.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Worker's Signature**

\_\_\_\_\_  
**Date**

In signing this form, the worker certifies that the above stated assurances: Authorization to Release Information, Right to Appeal, Fair Hearing Statement and Civil Rights Statement have been read and explained to the applicant.

**Jefferson Community Action Programs**  
Low Income Home Energy Assistance Program (LIHEAP)

**APPLICATION TIME STANDARDS**

Applicant's Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Print Name

You have applied for assistance with Low-Income Home Energy Assistance Program (LIHEAP) / Low-Income Household Water Assistance Program (LIHWAP) with your Entergy bill, Atmos bill, and/or Water bill on \_\_\_\_\_. In order to determine your eligibility certain factors must be verified. After your eligibility is verified, you will receive a letter notifying you of your eligibility.

- The credit to your account will take up to 90 working days (excluding weekends and holidays) to appear on your bills.**
- You are responsible for maintaining an active account with your utility companies.**
- You must continue to pay your utility bills, including the bill you provided to us for your application process. There is no guarantee your benefit will be processed and/or paid before your bill's due date. Please continue to pay your bills.**
- CRISIS PLEDGES WILL ONLY BE PLACED ON YOUR ENERGY OR GAS BILL ACCOUNT (IF APPLICABLE) WITHIN 18 TO 48 HOURS OF COMPLETION OF APPLICATION.**

Your benefit amount will be \$ \_\_\_\_\_. If LIHEAP/LIHWAP funds are available, you will be eligible to re-apply for assistance. You must contact your local community center when you are eligible to re-apply for LIHEAP/LIHWAP assistance.

- Heating/Cooling Assistance** – When seasonal funding is available. One-time assistance per seasonal allocation.
- Crisis Assistance** - 12 months from the date of your application.

X \_\_\_\_\_  
Applicant's Signature Date

**\*\* Signature is good for a period of six months or one year from date signed based on the assistance received. Time standard may be delayed if any administrative and/or any other unforeseen circumstance not caused by the agency and beyond the agency control should occur. \*\***