

**Low Income Home Energy
Assistance Application
(LIHEAP)
Client Profile**



OFFICE USE ONLY

Application #: _____
 Allocation Year: _____
 Benefit Amount: \$ _____
 Cooling Season
 Heating Season
 Crisis

Full Name:								
Last		First			Middle			
Social Security Number:					Date Of Birth:			
Address								
Street Address						Apartment/Unit #		
City		State		Zip Code				
Home Phone Number:			Cell Phone Number:			Work Phone Number:		
Name on Entergy Account:				Name on Atmos (Gas) Account:				
Entergy Account Number:				Atmos Account Number:				
Gender	Marital Status		Race	Age	New Applicant?	Highest Grade Completed	No. in Household	
Male Female	Single Married Separated	Divorced Widow			Yes No			
Medically Disabled?	Employed?	Type of Work		Hourly Wages	Last Place of Employment		Family Monthly Income	
Yes No	Yes No							
Do you receive Food Stamps?			Yes	No	Section 8 or Subsidized Housing?		Yes	No
Do you receive SSI or SSA Benefits?			Yes	No	Do you have Medical Insurance?		Yes	No
Do you own your home?			Yes	No	Are you a Registered Voter?		Yes	No

DEPENDENTS

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Sex: M/F	Disabled	Insurance	Highest Grade Completed
				Male	Yes	Medicaid Medicare Private None	
				Female	No	Medicaid Medicare Private None	
				Male	Yes	Medicaid Medicare Private None	
				Female	No	Medicaid Medicare Private None	
				Male	Yes	Medicaid Medicare Private None	
				Female	No	Medicaid Medicare Private None	
				Male	Yes	Medicaid Medicare Private None	
				Female	No	Medicaid Medicare Private None	

ADDITIONAL DEPENDENTS

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Sex: M/F	Disabled	Insurance	Highest Grade Completed
				Male Female	Yes No	Medicaid Medicare Private None	
				Male Female	Yes No	Medicaid Medicare Private None	
				Male Female	Yes No	Medicaid Medicare Private None	
				Male Female	Yes No	Medicaid Medicare Private None	
				Male Female	Yes No	Medicaid Medicare Private None	

AUTHORIZATION 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 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 of statistical research only.

YES

NO

Applicant Signature

Date

APPLICANT ASSURES THAT:

- * I have furnished true and correct information regarding household income and agree to promptly report any changes in the household income or number of individuals living at the listed address.
- * I grant the Agency 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, 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 further,
- * Certify that I live at the listed address and am responsible for payment of utility bills at that address.
- * Authorize utility supplier(s) to furnish billing records

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 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 competing and signing below and mailing this form to Louisiana Housing Corporation – 2415 Quail Drive, Baton Rouge, LA 70808. 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:

Civil Right:

If you believe you have been discriminated against because of race, color, religion, sex, age, national origin, and/or handicapped condition, you may file a complaint either through the contractor agency or directly to Louisiana Housing Corporation – 2415 Quail Drive, Baton Rouge, LA 70808 or to the Bureau of Civil Rights, 546 Main Street, Baton Rouge, LA 70802, or to the EEO Commission, New Orleans District Office, 701 Loyola Ave., Room 600 New Orleans, LA 70113-0036.

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, authorizations, right to appeal and 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

CERTIFICATION FORM

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 FORM

I _____, have viewed the Energy Conservation Video and/or
Print Name

received energy saving information during my initial 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*****



IMPORTANT NOTICE!

Your Client Qualification Notification Letter is for your records only.

REMEMBER THIS IS ONLY ASSISTANCE TO YOU.

YOU MUST CONTINUE TO PAY YOUR ENERGY AND/OR GAS BILL(S) UNTIL PAYMENT IS CREDITED TO YOUR ACCOUNT.

THIS PROCESS TAKES 90 WORKING DAYS (excluding weekend and holidays).

PLEDGES ARE MADE *ONLY* ON DISCONNECTION NOTICES.

CRISIS PLEDGES WILL BE PLACED ON YOUR ENERGY OR GAS BILL ACCOUNT WITHIN 18 TO 48 HOURS OF COMPLETION OF APPLICATION.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

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 Programs (LIHEAP) with your Entergy bill and/or Atmos 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.

Your benefit amount will be \$ _____. If LIHEAP funds are available, you will be eligible to re-apply for **Non-crisis** or **Crisis** assistance with your energy bill in **12** months from the date of your time standards. You must contact your local community center when you are eligible to re-apply for LIHEAP assistance.

This notice is not an appointment guarantee.

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. ****



LIHEAP Client Action Plan

Date: _____

Client Name: _____

Community Center: (Select one)

- | | | | |
|-----------------|---------------------|--------------------|------------------------|
| Gretna Center | Harvey Center | Marrero Center | Bridge City Center |
| Woodmere Center | J.C. Simmons Center | Hazel Hurst Center | Watson Center Outreach |

Client goals to becoming self-sufficient: What do you or anyone in your household plan to accomplish in the next 6 months that will help you and your household to become self-sufficient. The definition of self-sufficient is to be able to provide for oneself without the help of others. **Client fills in this section.**

Client Signature: _____

Counselor Actions: What do you recommend or what referrals can you provide to the client that will assist him/her in accomplishing their goals and becoming self-sufficient. **Counselor fills in this section.**

Client received energy saving light bulb and tips to reduce cost of electrical services.

Counselor Signature: _____

6 month follow up: Did the client accomplish their goals? Explain.

Identifying Monthly Income. How do you pay your expenses? **Counselor's assist clients to fill in.**

Gross Wages 1 (Before Taxes & Deductions)*	\$
Gross Wages 2 (Before Taxes & Deductions)*	\$
Child Support	\$
Alimony*	\$
Section 8/ Housing	\$
SNAP (Food Stamps)	\$
SSA/SSI*	\$
Self-Employment*	\$
Unemployment Benefits*	\$
Pensions*	\$
Contributions*	\$
TANF Cash Assistance*	\$
Other: (Any income that is not on this chart)	\$
Other: (Any income that is not on this chart)	\$
TOTAL Monthly Income	\$

Listing Monthly Expenses. What expenses do you have to pay each month?

Rent or Mortgage	\$
Electricity	\$
Water	\$
Gas (Heating)	\$
Telephone/Cell	\$
Internet/Cable	\$
Groceries	\$
Transportation (Gas, Car payment)	\$
Tuition/Daycare	\$
Insurance (Car/Health/Life/Flood/Homeowners)	\$
Child Support	\$
Alimony	\$
Other	\$
Other	\$
TOTAL Monthly Expenses	\$

Calculating Income and Expenses.

Your total Monthly Income	\$
Your total Monthly Expenses	\$
Subtract Expenses from Income and List Amount	\$