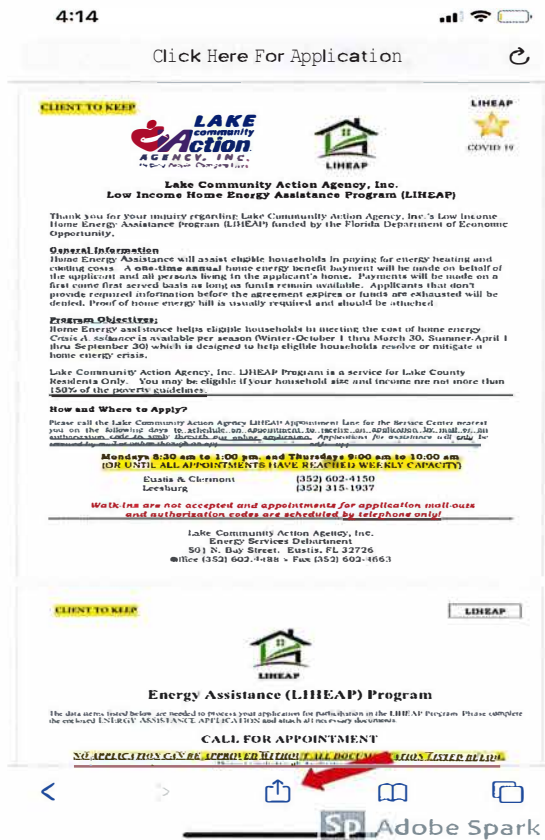


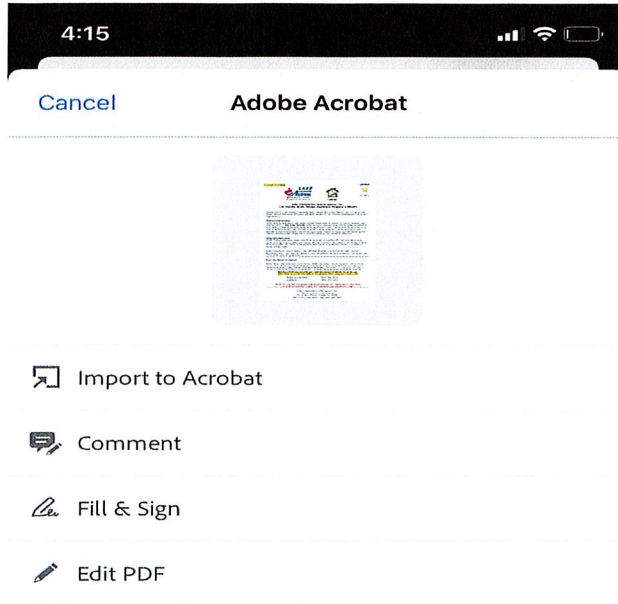
In order to complete the application via iPhone, you must have Adobe Reader installed and Chrome as your web browser.  
(Click link below to download Adobe & Chrome)

Step 1: Once Adobe and Chrome is downloaded on your phone, click on application link.

{ insert application link button here }



Step 2: You must import the following application into Adobe by clicking the "Share" icon at the bottom of the screen.



Step 3: Click "Import to Acrobat". Once the application is in Adobe, you'll need to complete all the areas in blue that are applicable.

**FAMILY TYPE (Please select one)**

Two Parent Household  Single Adult  **TARGET GROUP**

Female Single Parent  Two Adults  At Risk

Male Single Parent  Other  Disabled

**LIVING SITUATION**

Rent \$ \_\_\_\_\_ Family Size \_\_\_\_\_

Own \$ \_\_\_\_\_ Number of Children \_\_\_\_\_

Homeless Type: Yes  No  Referred by \_\_\_\_\_

**TYPE OF ASSISTANCE RECEIVED BY THE FAMILY (Please select if it applies to you and insert the amount)**

Food Stamps \$ \_\_\_\_\_ Free/Reduced Lunch

Child Support \$ \_\_\_\_\_ WIC

Medicaid \$ \_\_\_\_\_ VA

Subsidized Housing \$ \_\_\_\_\_ TANF

**ADDITIONAL HOUSEHOLD INFORMATION**

We must have this information for all Household Members

Name	Relation	Sex	Race	members	Marital Status	Highest Grade Completed	Employed, Unemployed, or disabled
	SELF						

Please check one of the following that describes you:

Farm Worker  Migrant  Are you seasonal? Yes  No

Citizen  Legal Alien  Veteran  Health Ins.  Limited English  Reg. Voter

I/We certify that the statements above are true and complete to the best of my/our knowledge and belief shall fall under penalty of perjury, including fines and/or imprisonment.

Applicant Signature: \_\_\_\_\_

C-19 Household ID: 0

**FOR OFFICE USE ONLY**

**Create Signature**

**Create Initials**

**Cancel** Adobe Spark

Step 4: When the application is complete, use the pencil tool down at the bottom that allows you to create signatures where they are indicated. Tap into the areas indicated for signatures then tap anywhere to release. You also have the ability to move your signature directly on the signature line.

Should you have any questions please contact one of our service centers at:  
 East & Clermont (352) 602-1188 Leesburg (352) 787-1156  
 Lake Community Action Agency, Inc.  
 501 N. Bay Street, East. FL 32726 • (352) 602-1488 • Fax (352) 602-4163

LIHEAP SERVICES PRELIMINARY APPLICATION

NAME: \_\_\_\_\_

2019-2020 Household Income Guidelines Effective October 1, 2019

Household Size	Maximum Annual Household Income	Monthly Average Income Limits
1	\$18,735.00	\$1,561.25
2	\$25,365.00	\$2,113.75
3	\$31,995.00	\$2,666.25
4	\$38,625.00	\$3,218.75
5	\$45,255.00	\$3,771.25
6	\$51,885.00	\$4,323.75
7	\$58,515.00	\$4,876.25
8	\$65,145.00	\$5,428.75

For each additional person over 8 people, add \$6,630 for each additional person in the home



Household ID  
C-19

**FAMILY TYPE (Please select one)**

Two Parent Household  Single Adult  **TARGET GROUP**   
 Female Single Parent  Two Adults  All Risk   
 Male Single Parent  Other  Disabled   
 Elderly   
 Homebound

**LIVING SITUATION**

Rent \$ \_\_\_\_\_ Family Size \_\_\_\_\_  
 Own \$ \_\_\_\_\_ Number of Children \_\_\_\_\_  
 Homeless Type: Yes or No \_\_\_\_\_ Referred by \_\_\_\_\_

**TYPE OF ASSISTANCE RECEIVED BY THE FAMILY (Please select if it applies to you and insert the amount)**

Food Stamps \$ \_\_\_\_\_ Free/Reduced Lunch   
 Child Support \$ \_\_\_\_\_ WIC   
 Medicaid \_\_\_\_\_ VA   
 Subsidized Housing \$ \_\_\_\_\_ TANF

**ADDITIONAL HOUSEHOLD INFORMATION**  
 We must have this information for all Household Members

Name	Relation	Sex	Race	members	Highest	
	SELF			Marital	Grade	Employed, Unemployed, or disabled
				Status	Completed	

Please check one of the following that describes you:

Farm Worker  Migrant  Are you seasonal? Yes  No   
 Citizen  Legal Alien  Veteran  Health Ins.  Limited English  Reg. Voter

*I/We certify that the statements above are true and complete to the best of my/our knowledge and belief shall fall under penalty of perjury, including fines and/or imprisonment.*

Applicant Signature \_\_\_\_\_

C-19

Household ID

**LIHEAP**

**FOR OFFICE USE ONLY**

HOME ENERGY  
 SUMMER CRISIS  
 WINTER CRISIS  
 WEATHER RELATED

DUKE  SECO  
 LEC  NTD  
 CLAY

APPOINTMENT DATE \_\_\_\_\_  
 DATE COMPLETED \_\_\_\_\_

Step 5: To make additional signatures, just simply go to down the pen tool on the bottom of the screen, click on your created signature, and place in all additional signature areas on the application.

Also, at appointment time, you'll be instructed to submit additional documents that require your signature as well. These will be sent to you via email.

