



**Lake Community Action Agency, Inc.
Low Income Home Energy Assistance Program (LIHEAP)**

Thank you for your inquiry regarding Lake Community Action Agency, Inc.'s Low Income Home Energy Assistance Program (LIHEAP) funded by the Florida Department of Economic Opportunity.

General Information

Home Energy Assistance will assist eligible households in paying for energy heating and cooling costs. A **one-time annual** home energy benefit payment will be made on behalf of the applicant and all persons living in the applicant's home. Payments will be made on a first come first served basis as long as funds remain available. Applicants that don't provide required information before the agreement expires or funds are exhausted will be denied. Proof of home energy bill is usually required and should be attached.

Program Objectives:

Home Energy assistance helps eligible households in meeting the cost of home energy. *Crisis Assistance* is available per season (Winter-October 1 thru March 30, Summer-April 1 thru September 30) which is designed to help eligible households resolve or mitigate a home energy crisis.

Lake Community Action Agency, Inc. LIHEAP Program is a service for Lake County Residents Only. You may be eligible if your household size and income are not more than 150% of the poverty guidelines.

How and Where to Apply?

Clients must schedule an appointment through one of our three scheduling systems; ***Automated System, Live Operator or through our Online Scheduler system*** to apply for assistance. A representative from LCAA will call to complete the intake process on the designated appointment day scheduled. **Applications for assistance will not be accepted without an appointment.**

Please choose one of the 3 options below to schedule your appointment.

- AUTOMATED SYSTEM**- Appointment Scheduling Available **24 hours a day, 7 days a week!** through a **(IVR)** Interactive Voice Response System. Please call: **(352-434-0554)**
- LIVE OPERATOR**- Appointment Scheduling available **M-F 8am-5pm** for those who require a little more assistance with the scheduling process. Please call **(352-434-0554)**
- ONLINE SCHEDULER**- Available **24 hours a day, 7 days a week!** to schedule over the WEB. Go to **<https://app.capappointments.com/>**
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Lake Community Action Agency, Inc.
Energy Services Department
501 N. Bay Street, Eustis, FL 32726
Office (352) 602-4488 > Fax (352) 602-4663



LIHEAP

Energy Assistance (LIHEAP) Program

HOME ENERGY

The data items listed below are needed to process your application for participation in the LIHEAP Program. Please complete the enclosed ENERGY ASSISTANCE APPLICATION and attach all necessary documents.

CALL OR GO ONLINE FOR APPOINTMENT

NO APPLICATION CAN BE APPROVED WITHOUT ALL DOCUMENTATION LISTED BELOW.

Things to include with Application Form

1. **APPLICATION** Fully completed and signed Preliminary and Energy Assistance Application.
2. **IDENTIFICATION** Copy of Social Security Cards for each member of the household and photo ID for applicant.
3. **INCOME** Proof of income for the past 30 days for ALL household members. Employment/unemployment - 1 month of check stubs. Other: (Social Security, Supplemental Income (SSI), Retirement)- letter/form showing what is received on a monthly basis. Applicants receiving **DCF/Food Stamp &/or TANF**, (Temporary Cash Assistance) must provide documentation of **monthly benefit amount.**
If no income, a self-declaration form must be completed and notarized by members 18 years or older.
4. **UTILITY/FUEL BILLS** Copy of most recent utility/fuel bill.

NO FAXED APPLICATION WILL BE ACCEPTED

If additional information is required, it may delay the processing of your application.

(Please Read Statement Below)

Your LIHEAP application is not a commitment that your bill will be paid. A notice of approval or denial will be mailed within **15 WORKING DAYS** of receipt of application. If eligible, payment will be made directly to utility provider within **45 WORKING DAYS.** *However, you must continue to pay the amount owed on your bill to avoid additional late charges, disconnect/reconnection fees or additional deposits.*

Note: Florida Law has a wide range of laws pertaining to fraud. Providing accurate and reliable information is the responsibility of each applicant. The agency will not be held liable for any/all fraudulent information contained herein.

Should you have any questions please contact one of our service centers at:

Eustis & Clermont- (352) 602-4488

Leesburg - (352) 787-1156

Energy Assistance Application Information (CRISIS)

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If no income, a self-declaration form must be completed and notarized by members 18 years or older.
4. **UTILITY/FUEL BILLS** **Copy of original bill and final notice with cutoff date is required.**
5. **OTHER** **Applicants receiving subsidized housing (Section 8), i.e. utility allowance, MUST provide a copy of the lease agreement.**

FOR DEPOSIT ASSISTANCE

Items 1-3 above are required along with the items below:

1. **Copy of lease or ownership; a deposit receipt with the amount of deposit, along with the name of rental property/ landlord's address and phone number.**
2. **Amount of deposit required for the service location must be on utility company Letterhead.**

NO FAXED APPLICATION WILL BE ACCEPTED

If additional information is required, it may delay the processing of your application.

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LIHEAP SERVICES PRELIMINARY APPLICATION



LIHEAP

NAME:

2021 Household Income Guidelines Effective August 16, 2021

Household Size	Maximum Annual Household Income	Monthly Average Income limits
1	\$25,296.00	\$2,108.00
2	\$33,079.00	\$2,756.58
3	\$40,863.00	\$3,405.25
4	\$48,646.00	\$4,053.83
5	\$56,430.00	\$4,702.50
6	\$64,213.00	\$5,351.08
7	\$65,672.00	\$5,472.67
8	\$67,132.00	\$5,594.33
For each additional person over 8 people, add \$6,810 for each additional person in the home		

Household ID

C-19

FAMILY TYPE (Please select one)

Two Parent Household _____ Single Adult _____
 Female Single Parent _____ Two Adults _____
 Male Single Parent _____ Other _____

TARGET GROUP

At Risk _____
 Disabled _____
 Elderly _____
 Homebound _____

LIVING SITUATION

Rent \$ _____
 Own \$ _____
 Homeless Type: Yes or No _____

Family Size _____
 Number of Children _____
 Referred by _____

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

Food Stamps \$ _____
 Child Support \$ _____
 Medicaid _____
 Subsidized Housing \$ _____

Free/Reduced Lunch _____
 WIC _____
 VA _____
 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:



LIHEAP

Low Income Home Energy Assistance Program

Lake Community Action Agency, Inc.
Services for Lake County Residents

FOR OFFICE USE ONLY

- ☐ HOME ENERGY
☐ SUMMER CRISIS
☐ WINTER CRISIS
☐ WEATHER RELATED

APPOINTMENT DATE

- ☐ DUKE ☐ SECO
☐ LEE ☐ MTD
☐ CLAY

DATE COMPLETED

EHEAP: YES ☐ NO ☐ DATE: _____

REFERRED WAP: YES ☐ N/A ☐

This Application cannot be processed unless it is completely filled out and signed by the applicant.

1. Give the following information for the applicant first, then for each person living in your home. If more than six persons live in your home, list the additional persons, giving the information on a separate sheet of paper and attach it to this form.

NAME (First, Middle, Last)	Age	Date of Birth	Relationship to Applicant	Social Security Number	Type of Income Documentation *	Total Annual Income	Disabled Yes or No	
			Self	- -			Yes	No
				- -			Yes	No
				- -			Yes	No
				- -			Yes	No
				- -			Yes	No
				- -			Yes	No

*Type of income: Wages, Self-employment, Child Support, Unemployment Compensation, Retirement Benefits, VA Benefits, Social Security, SSI, TANF (AFDC), Food Stamps, Pensions, Alimony, etc.

2. Address where you are living:

_____, FL _____
 Street Number and Name, Apt or Lot Number City or Town Zip Code Lake County

3. Your mailing address, if different from above:

_____, FL _____
 Street Number and Name, Apt or Lot Number City or Town Zip Code County

4. Telephone number(s) where you can be reached:

() _____ () _____ () _____
 Home Work Other

5. Have you or any member of your household received LIHEAP OR EHEAP assistance in the last 12 months?

Yes ___ No ___. If yes, complete the following: (LIHEAP Home Energy, Crisis, Disaster or EHEAP Crisis)

 Name of Agency

 Type of Assistance

 Date



6. **If you are applying for LIHEAP Crisis Assistance, describe the crisis:**

7. **If your monthly household income is less than \$600 and no one in the household is receiving SNAP Assistance, explain how you pay for food, shelter, clothing, transportation and home utilities.**

Client Signature: _____

Date: _____

8. **Complete the following for your household:**

Number of elderly persons 60 or older # _____
 Number of disabled persons receiving SSI or SS # _____
 Number of children 5 years of age or younger # _____

9. **Indicate which of the following programs you are currently eligible for or are receiving assistance from:**

☐ CSBG ☐ Weatherization ☐ Food Stamps
☐ TANF/Cash Asst. ☐ LifeLine and Link-up Florida (Telephone) ☐ None

Do you heat your home with; (A) Electric (B) Nat.Gas

10. **Utility/Energy Company Information** (C) Propane. (Check One)

Give the name, account number and telephone number of the company(s) you use to heat and/or cool your home:

Heating: _____
Utility/Energy Company **Account Number** **Telephone Number**

Cooling: _____
Utility/Energy Company **Account Number** **Telephone Number**

If your cost of home energy is included in your rent, give the name and telephone of your landlord.

Attach a copy of the bill or letter from your energy provider/landlord.

 Utility/Energy Company or Landlord

 Account Number

 Telephone Number



If the following does not apply for questions 11-14, please type N/A in the spaces below.

11. If you share your living or mailing address with others who are not part of your home, list their names:

_____ ; _____ ; _____

12. If you or anyone in your home is not a U.S. Citizen or an alien lawfully admitted for permanent residence, list the name(s) and alien status under the Immigration and Naturalization Act below:

Name: _____ Alien Status: _____

Name: _____ Alien Status: _____

13. If you or any member(s) of your household are a member of an Indian Tribe, write the name(s) of the tribe below:

_____ ; _____ ; _____ ;

14. If you live in government subsidized housing, Section 8 housing, a dormitory, assisted living facility or adult foster home, list the name of the place: _____ (Provide lease agreement)

15. Do any of the following situations currently apply to you? (Check the appropriate box below.)

- ☐ My electric has been disconnected
☐ My current electric bill is delinquent
☐ I have a shut-off notice from the electric company
☐ Deposit (account # and deposit amount is required) Acct: # _____ Deposit Amount: _____
☐ None of the above currently applies to my household

Other:

APPLICANT'S SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

CASEWORKER SIGNATURE _____

DATE _____

REVIEW/EDIT STAFF/SUPERVISOR SIGNATURE _____

DATE _____



ACKNOWLEDGEMENT PAGE

Place first and last initial below

PLEASE READ CAREFULLY AND INITIAL BEFORE SIGNING THE APPLICATION

ACKNOWLEDGEMENT STATEMENT: I am aware that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medical needy, children reside and/or to those that had not been previously assisted. I authorize the agency to make benefit payments directly to my energy supplier. I am also aware that after I have provided all the information requested, if I am applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application. If I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to an appeals hearing. I understand that if I do not receive an approval or denial letter within 45 days of applying for assistance, it is my responsibility to notify the agency.

FRAUD STATEMENT: I certify under penalty of perjury that the information on this form is true to the best of my knowledge. I understand and agree that I may be subject to criminal prosecution or be disqualified from the program for knowingly providing incorrect and/or incomplete information and that I can be prosecuted if I provide false information. If any information is incorrect, benefits may be reduced, denied and/or eligible for reimbursement.

I UNDERSTAND AND AGREE: That LCAA/LIHEAP will assist my household if I/we qualify and funds are available.

I UNDERSTAND AND AGREE: That LCAA/LIHEAP will deny my application if information is received after the agreement expires or funds are exhausted.

I UNDERSTAND AND AGREE: That LCAA/LIHEAP will reserve the right to change the policy as needed due to program changes.

I UNDERSTAND AND AGREE: That LCAA/LIHEAP cannot assist my household if the lease or mortgage is not in my name.

I UNDERSTAND AND AGREE: That LCAA/LIHEAP cannot assist my household if the utility bill is not in my name, or any persons living in the household without a signed Utility Agreement.

I UNDERSTAND AND AGREE: That LCAA/LIHEAP is not responsible for any fees or additional charges.

APPLICANT'S SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

CASEWORKER SIGNATURE

DATE

REVIEW/EDIT STAFF/SUPERVISOR SIGNATURE

DATE