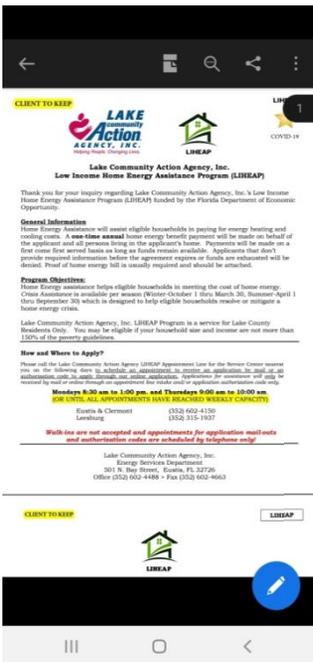


Go to Google Play store and type in the search area Adobe Reader and click on to install

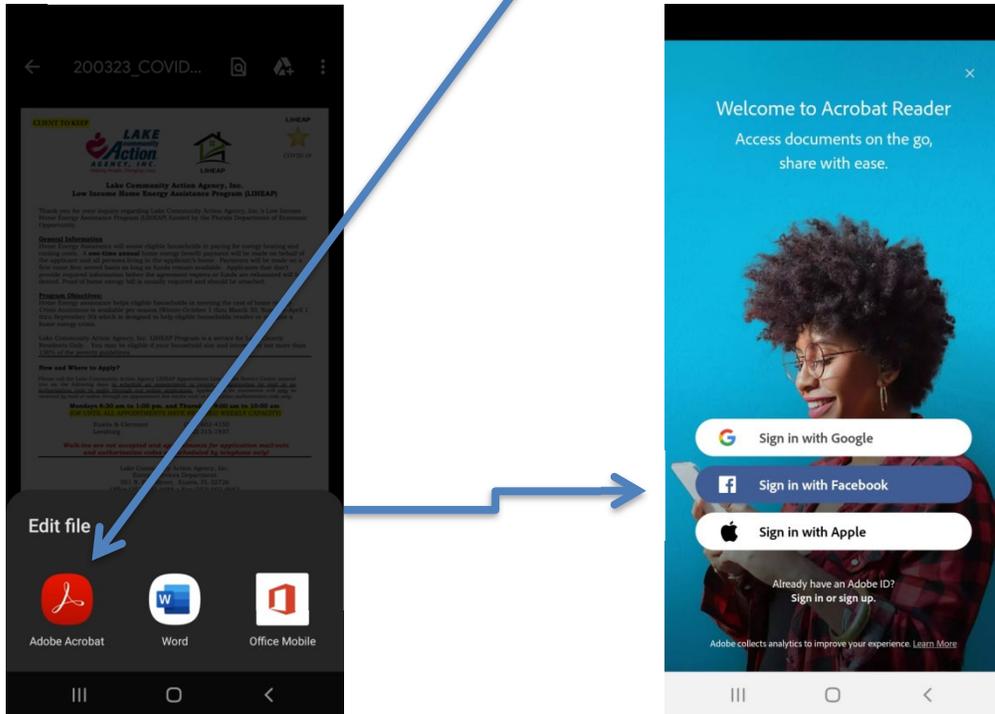


1. Once downloaded go back to website to download Covid-19 application.



2. When download is complete click on the pencil in the right hand corner on the bottom of the screen of your phone

- The edit file will pop-up. Then click on (Adobe Acrobat) and follow the steps to create an account



- When you have created an account please fill out everything in blue on application

APPLICANT INFORMATION

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Sex: _____ Race: _____ Ethnicity: _____

Name	Address	Age	Sex	Race	Ethnicity	Employed, Unemployed, or Disabled

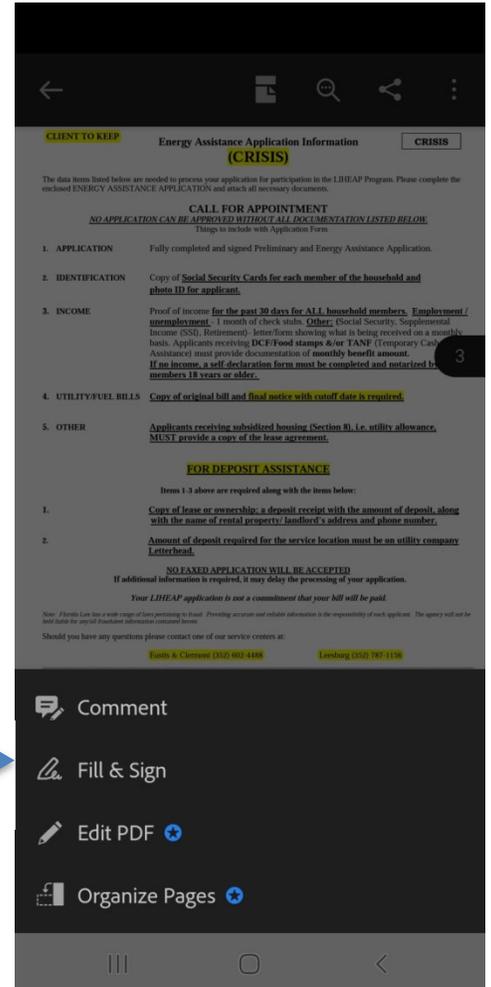
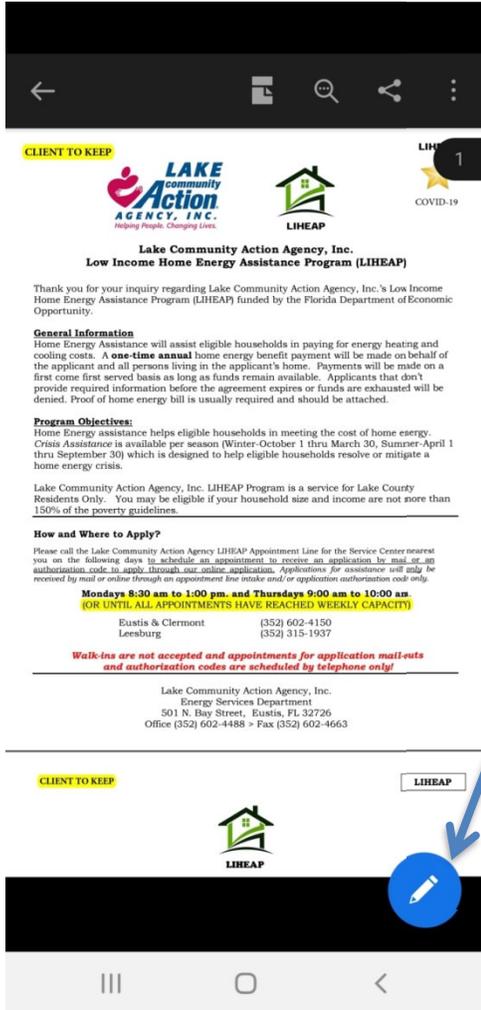
APPLICANT INFORMATION

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Sex: _____ Race: _____ Ethnicity: _____

NAME (First, Middle, Last)	Age	Sex of Birth	Relationship to Applicant	Household Member Number	Type of Income (Unemployed, Disabled, etc.)	Total Annual Income (Household)

- Once the application is complete click on the pencil at the bottom right hand corner and then click on Fill & Sign to create your signature



6. Create your signature by clicking on the little pen on the bottom of the screen

CLIENT TO KEEP Energy Assistance Application Information (CRISIS) CRISIS

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 FOR APPOINTMENT
 NO APPLICATION CAN BE APPROVED WITHOUT ALL DOCUMENTATION LISTED BELOW.
 Things to include with Application Form

- APPLICATION Fully completed and signed Preliminary and Energy Assistance Application.
- IDENTIFICATION Copy of Social Security Cards for each member of the household and photo ID for applicant.
- 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 being received on a monthly basis. Applicants receiving DCF Food stamps &/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.**
- UTILITY/FUEL BILLS Copy of original bill and final notice with cutoff date is required.
- 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:

- 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.
- Amount of deposit required for the service location must be an utility company Letterhead.

NO FAXED APPLICATION WILL BE ACCEPTED
 If additional information is required, it may delay the processing of your application.
 Your LIHEAP application is not a commitment that your bill will be paid.

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 fraud/ fraudulent information contained herein.

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

Evans & Clemons (352) 602-4488 Leesburg (352) 787-1156

Lake Community Action Agency, Inc.
 501 N. Bay Street, Evans, FL 32726 • (352) 602-4488 • Fax (352) 602-4663

LIHEAP SERVICES PRELIMINARY APPLICATION

NAME: _____

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

Household ID: C-19

Pen icon at bottom right of screen.

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 501 N. Bay Street, Evans, FL 32726 • (352) 602-4488 • Fax (352) 602-4663

LIHEAP SERVICES PRELIMINARY APPLICATION

NAME: _____

2019-2020 Household Income Guidelines Effective October 1, 2019

Create Signature

Create Initials

CANCEL Draw Image Camera DONE

Sign Here

Save Online

(In designated area, use your finger for your signature)

- Press where you want your signature to be (you can adjust the size) then press the pen again to release your signature. Just repeat this step to sign each area.

LIHEAP
Low Income Home Energy Assistance Program
Lake Community Action Agency, Inc.
Services for Lake County Residents

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 Description	Total Annual Income	Household Income %
SELF			Self				

*Type of Income: Wages, Self-employment, Child Support, Unemployment Compensation, Retirement Benefits, VA Benefits, Social Security, etc.

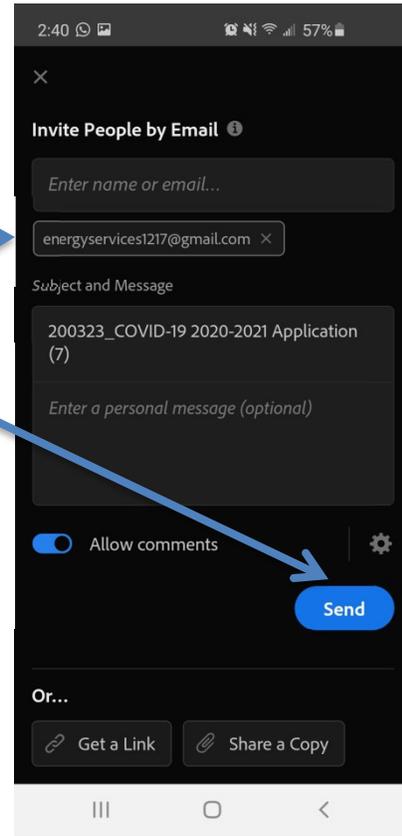
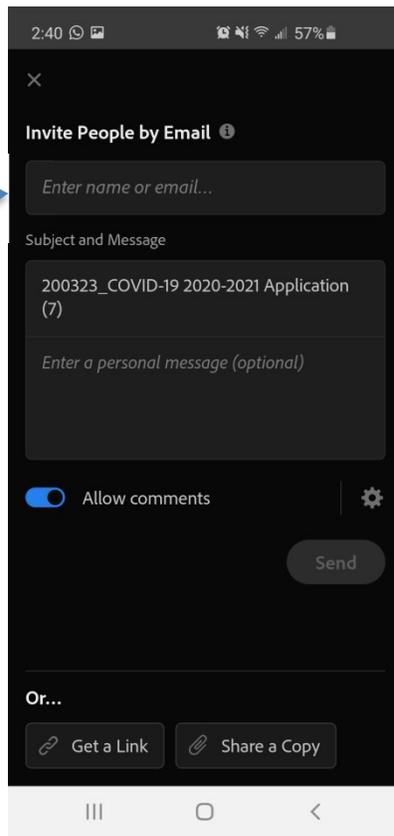
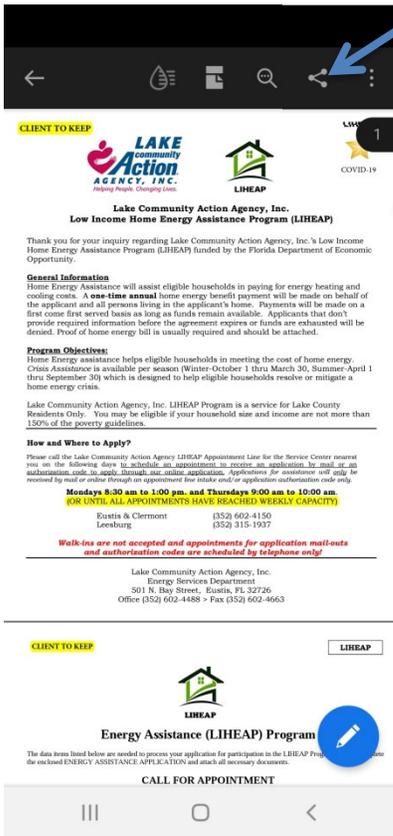
Please check one of the following:
 Worker Migrant Legal Alien Veteran Are you seasonal? Yes No Hi

I certify that the statements above are true and complete to the best of my knowledge and belief and I am not under penalty of law, including fines and/or imprisonment.

APPLICANT SIGNATURE: *Mary Doe*

LIHEAP
Low Income Home Energy Assistance Program
Community Action Agency, Inc.
Services for Lake County Residents

8. Now it's time to submit the application via email. (**energyservices1217@gmail.com**)



9. Also any additional documents requested at appointment time will be submitted to you via email for your signature as well.