2016 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
(LIHEAP APPLICATION)

The Community Action Agency’s Low Income Home Energy Assistance Program (LIHEAP) is able to assist Broward County residents with gross household incomes at or below 150% of the federal poverty level.

Customer Responsibilities:
1. File an application with complete and correct information.
2. Provide valid picture identification for all adult household members, such as a current Broward County driver’s license or identification card.
3. Provide proof of residency and shelter expense, such as a lease, mortgage statement, housing contract.
4. Verify income is at or below 150% of the poverty level.
5. Verify household size.
6. Report all changes to income, residency and household information.
7. Provide other required documents if necessary to determine eligibility, such as proof of alien status for all non U.S. citizens, FPL bill, etc.

Community Action Agency Responsibilities:
1. Advocate for customer.
2. Assist financially where applicable.

YOU HAVE THE RIGHT TO AN APPEAL if you are not satisfied with the case decision that is made within the Program’s guidelines.
1. You will be sent a written notice of the disposition of your application.
2. You may make an informal appeal to a supervisor.
3. You may make a verbal or written appeal to the Program Director.

____________________________________                  __________________________
Customer Signature             Date
_____________________________________
Customer Name (Print)
_____________________________________
Customer Email Address
BROWARD COUNTY COMMUNITY ACTION AGENCY
2016 LIHEAP APPLICATION

Remember to attach copies of the following:

__ Social Security cards for all household members                __FPL (energy) bill
__ Proof of past 3 months income for all household members       __Birth certificates for children 5 or younger
__ Broward Picture ID for adult household members               __ Proof of disability

Dear Applicant:

Your LIHEAP application is not a commitment that your bill will be paid. If you qualify for the program while funds remain available, a credit will be sent directly to your utility vendor, and you will be responsible to pay any balance remaining after the credit is applied. Meanwhile, please keep paying as much of your bill as soon as you can to avoid penalties such as disconnect/reconnect fees, additional deposits, interest, late charges, or having your power shut off.

1. Please fill out the application completely. Provide information for yourself first, and then each person living in your home. If more than 8 persons live in your home (or if you need to provide additional information), list the additional persons giving the same information on a separate sheet of paper and attach to this form.

<table>
<thead>
<tr>
<th>NAME (Please Print)</th>
<th>SS#</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>Relation To Applicant</th>
<th>Race</th>
<th>Last Grade Completed</th>
<th>Receive Food Stamps Y/N</th>
<th>Disabled Y/N</th>
<th>Type of Income</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of Income Documentation: Wages, self employment, social security, child support, unemployment, retirement benefits, SSI, TANF/WAGES, pension, etc.

2. Have you or any member of the household received LIHEAP or EHEAP assistance in the last 13 months?   Yes ____       No ____

If “yes”, complete the following:

Name of agency providing help ________________         _________________________________________________________                  ________________
Type of help (LIHEAP Home Energy, Crisis, Disaster, or EHEAP Crisis) ________________ Date(s) received ________________

CAA-LIHEAP-1    Revised 03/01/2016         Page 2 of 4               Reviewed 03/01/2016
3. If you are applying for LIHEAP crisis assistance, describe the crisis: 

_______________________________________________________________________________________
_______________________________________________________________________________________

4. If your monthly household income is less than 50% of the poverty level, and you do not receive food stamps, explain how you pay for food, shelter, clothing, transportation, hygiene products, and home utilities. 

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

5. Provide a telephone number where we can reach you: home: (       ) ____________________________
work: (       ) _______________________________ cell: (       ) ________________________________

6. Provide your living address including county:
Street Number and Name, RFD, Apt Number or Lot Number: __________________________________________
City or Town State Zip Code County

7. Provide your mailing address if different from above:
Street Number and Name, RFD, Apt Number or Lot Number: __________________________________________
City or Town State Zip Code County

8. Complete the following for your household: Number of elderly persons (60 or older): ____
Number of disabled: ____ (attach income documentation) Number of children, age 5 or younger: ____

9. Home Energy Company information: Please provide your FPL account number and FPL telephone number.
Home Energy Company or Landlord Account Number Telephone Number

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

_______________________________________________________________________________________

11. If you or anyone in your home is not a U.S. citizen or an alien lawfully admitted for permanent residence, list the name and alien status under the Immigration and Naturalization Act below:
Name: ___________________________ Alien Status: ___________________________

12. Are you or any member of your household a member of the Poarch Creek Indian Tribe?:
Yes __________ No __________
13. 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: ___________________________________________________

14. My Section 8 or Public Housing Utility Subsidy/Allowance is $ __________________ (attach documentation)

15. Check the following programs that anyone in your household is currently eligible for or receiving assistance from:
   CSBG ____     Weatherization ____     TANF/WAGES ____     Food Stamps ____     None ____

16. Are you or anyone in your household related to any employee of this agency?  Yes _____   No _____
   If yes, Name of Employee ________________________________ Relationship _____________________

17. Attach a copy of the bill from your fuel/energy supplier.

The information I have given above is, to the best of my knowledge, true and complete. I understand that priority will be given to applicant households with members who are elderly, disabled or have children age 5 or younger. I authorize all persons and organizations named on this application to supply information to the Agency. I further authorize the Agency to make benefit payments directly to my fuel supplier. I am aware that after I have provided all the information requested, if I am applying for crisis assistance, the Agency has 18 hours to act upon my application. If I am applying for Home Energy Assistance, the Agency has 15 working days to approve or deny my application. I am aware that upon approval the Agency has 45 days to make a payment to my fuel supplier on my behalf. I am also aware that if I am approved or denied within the time allowed or not approved for the correct amount, I have a right to an appeal.

Applicant’s Signature: ________________________________ Date: __________________
(Note: If signed with an “X” two witnesses are required.)

Eligibility Worker’s Signature: ________________________________ Date: __________________
I have determined the eligibility of the applicant. I am not the applicant, nor am I a friend, relative or employee of the applicant.

Supervisor / Edit Staff: ________________________________ Date: __________________

CAA use:

For households with elderly persons age 60 or older applying for crisis and/or disaster assistance, document notification to EHEAP staff before making commitment to FPL.

Does the applicant own their own home? Yes ____   No ____.   If the applicant is a homeowner that has been approved for LIHEAP benefits, they may be referred to the local Weatherization Assistance Program.

Return application to:
Community Action Agency, 900 N.W. 31st Avenue, Suite 3100, Fort Lauderdale, FL 33311
Hours of Operation: Monday – Friday, 8:00 AM to 5:00 PM

CAA-LIHEAP-1 Revised 03/01/2016 Page 4 of 4 Reviewed 03/01/2016
NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Low Income Home Energy Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant’s identity.
2. To verify household size.
3. To verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and the Broward County Community Action Agency (subgrantee) for the purposes specified above.

Nondisclosure except under limited circumstances.
Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person’s social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person’s health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver’s Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice
I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Low Income Home Energy Assistance Program.

__________________________________________    ______________________________________
Date       Applicant’s Signature

CAA-LIHEAP-2 Revised 04/01/2014    Page 1 of 1    Reviewed 04/01/2014
Attestation Statement

Name: ____________________________
Date of Birth: ______________________
Social Security Number: ______________

I hereby declare that at the present time I have no income and cannot personally contribute to my household.

I hereby certify that the above information is truthful to the best of my knowledge. I do understand that this is federal money and that receiving federal monies by using false information may result in legal consequences. I am also accepting responsibility for those consequences.

Picture ID with my signature must accompany this form when presented for notarization.

Signature: __________________________ Date: ____________
Print Name: _________________________

To be considered for funds from Community Action Agency, this form must be notarized.

Notary Certification:

STATE OF FLORIDA
COUNTY OF ____________________________

The foregoing instrument was acknowledged before me this _____ day of __________________ by ________________________________, who is personally known to me or who has produced ________________________________ as identification.

________________________________________________________________________
(Name of Notary)

________________________________________________________________________
(Notary Signature)
Low Income Home Energy Assistance Program
2016 (LIHEAP) Criteria

FREE ELECTRIC ASSISTANCE

The Community Action Agency’s LIHEAP Program is able to assist residents who meet the 150% Poverty Guidelines based on household size:

<table>
<thead>
<tr>
<th>Household size</th>
<th>50% Poverty Level</th>
<th>150% Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$5,940</td>
<td>$17,820</td>
</tr>
<tr>
<td>2</td>
<td>$8,010</td>
<td>$24,030</td>
</tr>
<tr>
<td>3</td>
<td>$10,080</td>
<td>$30,240</td>
</tr>
<tr>
<td>4</td>
<td>$12,150</td>
<td>$36,450</td>
</tr>
<tr>
<td>5</td>
<td>$14,220</td>
<td>$42,660</td>
</tr>
<tr>
<td>6</td>
<td>$16,290</td>
<td>$48,870</td>
</tr>
<tr>
<td>7</td>
<td>$18,365</td>
<td>$55,095</td>
</tr>
<tr>
<td>8</td>
<td>$20,445</td>
<td>$61,335</td>
</tr>
</tbody>
</table>

For each additional person, add $2,080 to 50% poverty level and $6,240 to 150% poverty level.

The above guidelines are subject to change, please contact the CAA main office for updates.

FOR ADDITIONAL INFORMATION CALL
MONDAY through FRIDAY 8:00 AM till 5:00 PM
OR COMPLETE AND DROP OFF YOUR APPLICATION
AT ONE OF OUR CENTERS:

Edgar P. Mills Multi-Purpose Center
900 N.W. 31 Ave., Suite 3100
Fort Lauderdale, FL 33311
Phone: 954-357-5025
Fax: 954-357-5026
broward.org/Family

Annie L. Weaver Health Center & Family Success Center
2011 N.W. 3rd Ave.
Pompano Beach, FL 33060

Northwest Family Success Center
10077 N.W. 29th St.
Coral Springs, FL 33065

South Region Family Success Center (Carver Ranches)
4733 S.W. 18th St.
Hollywood, FL 33023
WHEN APPLYING FOR ENERGY ASSISTANCE PROVIDE THE FOLLOWING:

- Broward County Florida Picture Identification (Adult Members 18 & Older)
- Proof of Permanent Resident Status for all non U.S. citizens
- Social Security Cards For All Household Members
- Birth Certificate for Children Age 5 or Younger
- Current Section 8 or Public Housing Lease Contract
- If you receive Section 8 or Public Housing, bring a copy of your 50059 Form which shows your current utility subsidy/allowance
- Current Rental Lease (or Notarized Tenant Verification Form) or Mortgage Statement
- Other documentation such as an eviction notice or proof of mortgage delinquency may be required to explain management, if your current income is insufficient to meet household expenses.
- If necessary, additional documents may be requested upon review of your application in order to determine eligibility
- Original FPL Bill (or electronic copy that includes the FPL address and energy usage comparison information such as kilowatt hours and amount paid for the previous two months).

Proof of Income for All Household Members, for the past 30 days including, but not limited to:

- Current Year Disability and/or SSI Benefits Statement
- Current Year Senior Citizens: Retirement Benefits Statement
- Current Pay Stubs (consecutive pay stubs for last 30 days of employment)
- Company Letterhead verifying start date, pay rate, average hours worked per week, frequency of pay, and day of week paid (Thursday's, Friday's, etc.)
- Current Unemployment Wage Determination Statement
- Current Pension Printout
- Current Child Support Verification Printout
- Current AFDC Verification Printouts
- Current Veteran Benefits
- Current Worker Compensation Benefits
- Notarized Letter verifying the dollar amount of how much and how often, if someone is assisting you. (Attach income documentation such as pay stubs for the person assisting you.)
- Notarized Attestation form (available at our office) for adults 18 or older who have zero income