



COMMUNITY ASSISTANCE DIVISION
HUMAN SERVICES

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
FACT SHEET

PLEASE KEEP THIS FOR YOUR RECORDS

What is LIHEAP?

The Low Income Home Energy Assistance Program provides funds to assist low-income households meet home heating and home cooling costs.

How do I know if I am eligible?

Any resident of Volusia County who meets 150% of the federal income poverty guidelines and is responsible for energy costs in a residence may be eligible.

Household Income Limits

Family Size	1	2	3	4	5	6	7	8
Income	\$16,245	\$21,855	\$27,465	\$33,075	\$38,685	\$44,295	\$49,905	\$55,515

What type of assistance is available?

There are three categories of assistance:

- **Home Energy** is a one time per contract year benefit paid to the utility vendor for eligible households who have an obligation for home energy heating or cooling. This area of assistance pays the state matrix benefit amount not the actual current home energy bill.
- **Crisis Assistance** helps eligible households resolve or mitigate home energy crisis. The amount of the benefit is the **minimum** amount necessary to **resolve** the crisis. Crisis benefit is limited to once per cooling season and once per heating season.
- **Weather Related Assistance** helps households resolve or mitigate a home energy crisis caused by an emergency declared by the Department of Community Affairs, Governor or President.

How can I apply for assistance?

1. A person can apply for LIHEAP by completing the LIHEAP application.
2. Completed applications with all supporting documents **must be mailed** to the following address:

County of Volusia
Human Services Activity
123 W. Indiana Avenue
DeLand, FL 32720

3. A person can reapply for LIHEAP anytime if Human Services denied their first application and benefit funds are available.

How much assistance can I receive?

The Home Energy assistance is based on the state benefit matrix. Payment amount is based on the household's income level as compared to the national poverty guidelines. A household may receive from a minimum of \$150 up to a maximum of \$300 based on household size and income.

The Crisis Assistance is up to a maximum of \$600 per cooling season and up to a maximum of \$600 per heating season based on the minimum amount needed to resolve the crisis.



COMMUNITY ASSISTANCE DIVISION
HUMAN SERVICES

Will I know if I've been approved?

Applications will be processed on a first ready, first-served basis (determined by stamped date received of a completed application being submitted). Once your completed application is processed, you will receive an approval or denial letter from Human Services within 15 working days of receiving your application for Home Energy assistance.

If you are applying for Crisis assistance, action will be taken to resolve the crisis within 18-48 hours. We encourage that you apply before your service is disconnected to avoid additional fees.

Who may I call if I have questions?

If you have any questions, please call the County of Volusia Human Services Activity, (386)736-5956 ext.2976 (DeLand) or (386) 254-4675 ext. 4722 (Daytona Beach).

Note: Due to the anticipated high volume of households applying for assistance, applications will only be accepted by mail. The cost of mailing your application with all supporting documents may range from approximately 60¢ - 85¢.



COMMUNITY ASSISTANCE DIVISION
HUMAN SERVICES

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REQUIRED DOCUMENTATION CHECKLIST

This checklist is designed to assist the Applicant in collecting all the documentation necessary to complete the application. It will also help expedite the processing of the application. Please submit all the documentation listed below.

_____ LIHEAP Energy Assistance Application. **Please fill out the application completely and make sure you sign and date it on the last page.**

_____ Current or Past Due Utility Bill, Disconnect Notice or Final Notice

_____ Utility Allowance if Recipient of Federal Assisted Housing

_____ Proof of Volusia County Residency for Past 60 Days (Current Lease/Rental Agreement, Mortgage Statement; or Real Estate Tax Statement)

_____ Income Documentation of **All** Household Members for the **Past Three Months**

- SOCIAL SECURITY (CURRENT AWARD LETTER)
- TANF (CURRENT AWARD LETTER)
- CHILD SUPPORT
- UNEMPLOYMENT OR PROOF APPLIED FOR UNEMPLOYMENT
- WORKER'S COMPENSATION
- ANY INCOME FROM WAGES FOR PAST THREE MONTHS

SELF-EMPLOYMENT

- CURRENT QUARTERLY TAX STATEMENT OR PRIOR YEAR
- YOUR OWN SELF-EMPLOYMENT RECORDS AND RECEIPTS
- IF PAID IN CASH, WORK CALENDAR WITH SIGNATURE OF PERSON FOR WHOM YOU WORKED

All completed applications **must be mailed** to the following address:

County of Volusia
Human Services
123 W. Indiana Avenue
DeLand, FL 32720

Failure to provide all the information indicated above will delay processing your application. If you have any questions, please call the Human Services office at: (386)736-5956 ext.2976 (DeLand) or (386) 254-4675 ext. 4722 (Daytona Beach).

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HUMAN SERVICES

LIHEAP ENERGY ASSISTANCE APPLICATION

1) Complete the following for each person living in the household. *(PLEASE PRINT)*

Name (First, Middle, Last)	Age	Date of Birth	SS#	Relationship to Applicant	Type of Income Documentation*	Total Annual Income
				Applicant		

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

2) Have you or any member of your household received LIHEAP OR EHEAP assistance in the last 12 months? Yes___ No___ *(LIHEAP Home Energy, Crisis, Disaster or EHEAP Crisis)*

If yes, complete the following:

Name of Agency	Type of Assistance	Date

3) If you are applying for LIHEAP crisis assistance, describe the crisis:

4) Telephone number where you can be reached: () _____

5) Address where you are living: _____
(Street number and Name, Apt. or Lot No.)

_____, Florida _____
City or Town Zip Code County

6) Your mailing address if different from above: _____
(Street number and Name, Apt. or Lot No.)

_____, Florida _____
City or Town Zip Code County



COMMUNITY ASSISTANCE DIVISION
HUMAN SERVICES

- 7) Complete the following for your household:
- Number of elderly persons...._____
 - Number of disabled persons....._____
 - Number of children under 5 years of age.._____

8) Utility/Energy Company Information

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

Heating: _____
Energy Company Account Number Telephone Number

Cooling: _____
Energy Company Account Number Telephone Number

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

Utility/Energy Company or Landlord Account Number Telephone Number

9) If you share your living or mailing address with others who are not part of your home, list their names:
_____;

10) 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_____

11) Are you or anyone in your household a member of the Poarch Indian Tribe: Yes: ___ No: ___

12) 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:_____.

13) Indicate which of the following programs you are currently eligible for, or are receiving assistance from:
CSBG___; Weatherization___; TANF/WAGES___; Food Stamps___; Life Line and Link-up Florida (Telephone)___; None:___

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



COMMUNITY ASSISTANCE DIVISION
HUMAN SERVICES

MONTHLY INCOME: YOU MUST DISCLOSE ALL INCOME.

SOURCE	HEAD OF HOUSEHOLD	OTHER	OTHER	OTHER
Employment/Self Employment	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
V.A. Pension	\$	\$	\$	\$
Retirement Pension	\$	\$	\$	\$
TANF/Wages	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Income from Others	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Other Source _____	\$	\$	\$	\$

The information 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 under the age of five. I authorize the agency to make benefit payments directly to my energy supplier. I am aware that after I have provided all the information requested, if I'm applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application, and, if I'm applying for Home Energy Assistance the agency has 15 days to approve or deny my application. 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 hearing.

This statement is being provided to you pursuant to Section 119.071(5), Florida Statutes. The Community Assistance Division is required by 24 CFR 5.210 to collect the social security number(s) of applicant(s) and their household members, if any.

Social security numbers are unique numeric identifiers that are used by this office to identify, verify, track and search information in conjunction with an applicant's application for assistance. Community Assistance may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.

Applicant Signature Date Caseworker Supervisor/Edit Staff Date

Note: If signed with an X, two witnesses are required.



COMMUNITY ASSISTANCE DIVISION
HUMAN SERVICES

SELF DECLARATION OF NO INCOME

I, _____, do hereby declare under penalty of perjury that I have received no income from any source during the past three months, and that I have been unemployed during that time.

I have been able to maintain my basic necessities by:

I attest that the information stated above is true and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination, denial of services, and /or penalties specified. I also understand that false statements or omissions are also grounds for termination, disqualification and/or prosecution under the full extent of Florida law.

Name of Applicant

Date

Signature of Applicant

Date



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HUMAN SERVICES

SELF DECLARATION OF INCOME

(Complete this section if no proof of income)

I, _____, do hereby declare under penalty of perjury that I have been working for the past three months and receiving payment in cash in the amount of \$_____ per (circle one) day, week, two-weeks, or month. I have no check stubs or documentation to prove my earnings.

(Complete this section if receiving income from others)

I, _____, do hereby declare under penalty of perjury that I have been supported by donations/contributions from relatives and friends for the past three months. **(Must provide notarized statement from each person providing support, indicating the dollar amount, type of assistance provided and date(s) the support was provided).**

I attest that the information stated above is true and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination, denial of services, and /or penalties specified. I also understand that false statements or omissions are also grounds for termination, disqualification and/or prosecution under the full extent of Florida law.

Name of Applicant

Date

Signature of Applicant

Date