



JCCEO LIHEAP UTILITY ASSISTANCE PROGRAM

300 Eighth Avenue West
Birmingham, AL 35204

The JCCEO Utility Assistance Program provides crisis intervention assistance for eligible, low-income individuals and families in urgent need. The services include assistance with electric and gas utility payments.

INSTRUCTIONS:

- 1. Complete application packet.**
- 2. Include COPIES of required documents. (DO NOT INCLUDE ORIGINAL DOCUMENTS.)**
- 3. Place documents inside the large white envelope that has been provided to you.**
- 4. Seal it.**
- 5. Drop in the designated Drop Box located at our Headquarters location.**

REQUIRED DOCUMENTS:

- 1. Proof of residence** - tax card, lease or deed.
- 2. Proof of income for the previous month of applying** - for yourself and all household members- paycheck stub, social security award letter, retirement income, unemployment compensation, child support documentation, alimony, veteran's payment, and rental income.
- 3. Household members 18 years or older and reporting zero income are required to complete the included Declaration of Household Income form.**
- 4. Picture ID-** Driver's License.
- 5. Social Security Card** for yourself and all household members.
- 6. Most recent utility bill.**

UTILITY ASSISTANCE APPLICATION JCCEO DROP BOX:

Please complete a paper application packet and put it in the drop box with copies of all the required documents. You will receive a call from one of our Intake Professional to review your application. If you have questions about utility assistance please email us at liheap@jccceo.org. Application will be put in the large white envelope that has been provided to you.

NOTE: Applications are available at our headquarters location between the hours of 9:00AM – 4:30PM



Have you or a household member lost a job or wages due to a State- or Federally-declared disaster or emergency in the last 6 months? (Circle one) Yes or No Are you behind on your home energy bills? (Circle one) Yes or No				Application for Assistance			
				1. If you have an email, please provide it below:			
2. Applicant First Name			MI	Applicant Last Name		Age	3. Telephone:
CUSTOMER ACCOUNT ADDRESS				HOUSEHOLD MAILING ADDRESS			
4. Dwelling #	5. Residence Street Name		6. Apt/Lot	10. Street and Number; P.O. Box; RFD			
7. Residence City		8. State	9. Residence ZIP	11. City		12. State AL	13. Residence ZIP
Number of persons in household who are: Migrant/Seasonal Workers:		Has dwelling ever received any weatherization assistance? (Circle One) Yes or No. If yes, what year was your home weatherized?		Area: N/A Do you rent or own?		Type of Structure (apartment, site-built home, mobile home): Does the government pay any of the rent or house payment? (Circle one) Yes or No	
14. Ethnic Group			15. Sex (Applicant)		16. Have you received LIHEAP before?		
17. Household Size	18. Total Household Income Last Month:		19. Utility allowance received through rent reduction or reimbursement payment: Amount:				
20. # of Household members who are Elderly (60 or over) Disabled Native American Child		21. Primary Heating Fuel (Electric, Natural Gas, Propane, Wood?)		Primary Cooling Fuel Electric		Primary Heating Source	

22. Household members

23. Verification/Remarks

First Name and Last Name (List Head of Household first)	Age	Social Security Number	Amount of Income Received Last Month
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Sections #24 and #25 will be completed by the Community Action Agency when they receive your signed application.

24. Status _____ Date: _____

Comments/Explanations: _____

25. Payment(s) totaling _____ will be made on behalf of the household to:

_____	_____	_____	_____	_____
(Vendor Name)	(Vendor Code)	(Amount)	(Account Name)	(Account Number)

26. **STATEMENTS OF AFFIRMATION**
 I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give consent for this agency to verify the information I have given and for related outside sources to provide any information necessary in the completion of this application. I understand I am responsible for all related costs of the program not paid by the State. I understand that I am subject to all applicable Federal or State laws concerning fraud or if I knowingly provide false or incomplete information in order to obtain assistance.

27. **Certification of Section 245A (Amnesty Aliens) and 210 A (Replenishment Agricultural Workers)**
 I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under section 245A or 210A of the Immigration and Nationality Act as amended by the Reform and Control Act of 1986.

28. **Customer is responsible for remaining balance**

29. For the purposes of verification and analysis, I grant permission for utility providers and/or fuel suppliers to release energy costs and billing data to the Alabama Department of Economic and Community Affairs.

Applicant Signature	Date	Caseworker Signature	Date
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Declaration of Household Income

Instructions: This form is to be completed by the person applying for assistance if any of the following situations apply to the applicant and/or any household member age 18 and over for the previous month:

- *Had no income and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.*
- *Received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained.*
- *Received money from family/friends.*
- *Received income not reported elsewhere.*

Applicant's name (please print): _____

Applicant's address (please print): _____

Did you or any household member age 18 and over have **no income** last month? If so, complete the following for you and every adult:

Name	How long has this person had no income?

Did you or any household member age 18 and over receive income from **occasional work when a receipt book was not maintained**, receive **money from family or friends**, or receive any **income not reported elsewhere** last month? If so, complete the following for you and every adult:

Name	Amount	Source of income

How do you pay your **rent/mortgage**? _____

How do you pay for **food**? _____

How do you pay for your **utilities**? _____

I certify that the information provided above is true and complete to the best of my knowledge. I understand I may be required to provide proof of any information given and that providing false information will invalidate this form and may require the repayment of any assistance received based on the false information. I understand that I am subject to all applicable Federal or State laws concerning fraud.

Applicant's Signature: _____ Date: _____



FY 2020

Low Income Home Energy Assistance Program (LIHEAP)
Client Home Energy Data Request Waiver

I, _____, am the customer of record, the customer's spouse, or an authorized agent/third party for the utility company and/or the fuel supplier that provides my household's home energy. I authorize my utility provider and/or my fuel supplier to disclose my customer data (including, but not limited to, energy cost, consumption and billing data) to the Alabama Department of Economic and Community Affairs for the purposes of verification, analysis and reporting.

I agree to hold harmless and/or release such companies from and against any claims, losses, demands, damages or liability of any kind caused by or allegedly caused by such disclosure.

The utility provider that provides electricity for my household is:

Company name: _____

My account number is: _____

My household's primary heating provider is:

Company name: _____

My account number is: _____

Applicant Signature

Date