

JCCEO LIHEAP UTILITY ASSISTANCE PROGRAM

**300 8TH 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 an application packet.
2. Include COPIES of required documents. (DO NOT INCLUDE ORIGINAL DOCUMENTS)
3. Drop paperwork in the designated Drop Box located next to the Headquarters office building location.

REQUIRED DOCUMENTS:

- Proof of residence-tax card, lease, or deed
- Proof of Income for the previous month of applying- for yourself and all household members paycheck, stubs, social security award letter (2021), retirement income, unemployment compensation, child support documentation, alimony, veteran's payment, and rental income.
- Household member 18 years or older and reporting zero income are required to complete the included Declaration of Household Income form.
- Picture ID- Driver's License
- Social Security Card for yourself and all household members.
- Most recent utility bill.

UTILITY ASSISTANCE APPLICATION JCCEO DROP BOX

Please complete a paper application packet and put it in the drop box, located next to the headquarters building with copies of all the required documents. You will receive a call, text or email from one of our Intake Professionals to review your application. If you have questions about utility assistance, please email us at LIHEAP@JCCEO.ORG or call us at 205-327-7500

NOTE: Applications are available at our headquarters location between the hours of 9:00 a.m. -4:30p.m. Paper applications may take up to 30 days to be processed. Please continue to pay on your bill. Thanks in advance for your patience.



Jefferson County Committee for Economic Opportunity

LIHEAP Pre-Application Form

First Name (print): _____ Middle Initial _____ Last Name (print): _____

SSN: _____ DOB: _____ Intake Date (Today's Date): _____

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

Home Phone: () _____ Cell Phone: () _____ Email Address _____

Gender: (Circle one) Male Female Primary Language: (Circle one) English Spanish Other

Marital Status: (Circle one) Single Married Divorced Partner Widowed Legally Separated

Race: (Circle one) Black White Multi-racial Other _____

Ethnicity: (Circle one) Hispanic, Latin or Spanish Decent Non- Hispanic, Latin or Spanish Decent

Family Type: <input type="checkbox"/> Single Person (Living Alone) <input type="checkbox"/> Single Person (Living with Partner) <input type="checkbox"/> Single Person Female (Living with children) <input type="checkbox"/> Single Person Male (Living with children) <input type="checkbox"/> Married (Living with children) <input type="checkbox"/> Married (no children in household) <input type="checkbox"/> Foster Parent (with foster children)		Living Arrangements: <input type="checkbox"/> Own <input type="checkbox"/> Rent-Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent-Unsubsidized		Education Level: <input type="checkbox"/> Adult- Grade 9 or less <input type="checkbox"/> Adult – Grade 10 <input type="checkbox"/> Adult – Grade 11 <input type="checkbox"/> Adult – Grade 12 <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> In College <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Training Certification	
Military Status: <input type="checkbox"/> None <input type="checkbox"/> Veteran	Work Status: <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long term - longer than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-Term - Less than 6 months)		Health Insurance: <input type="checkbox"/> None <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults		
Applicant Characteristics: (Check all that apply) <input type="checkbox"/> Head of Household <input type="checkbox"/> Head of Household's spouse <input type="checkbox"/> JCCEO Employee <input type="checkbox"/> Relative of JCCEO Employee <input type="checkbox"/> Disabled/Handicapped <input type="checkbox"/> Food Stamps \$ _____ <input type="checkbox"/> Child enrolled in Head Start			Housing Information: Monthly Rent/Mortgage payment amount \$ _____ Does government pay any portion of your rent? If so, how much? No Yes \$ _____ Do you receive an allowance for utilities? If so, how much? No Yes \$ _____		

Applicant Income Information		
Income Source	Occurrence	Amount
<input type="checkbox"/> Wages	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	
<input type="checkbox"/> SSI	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	
<input type="checkbox"/> Social Security	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	
<input type="checkbox"/> TANF	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	
<input type="checkbox"/> Other	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	

I have read, understand, and verify that all of the information on this form is true.

Applicant's signature:

Intake Worker's signature:

Additional Household Member Information (Do not include the applicant)									
	First and Last Name	SSN	DOB	SEX	RACE	Highest Grade Completed	Relationship to Applicant (son, wife, etc.)	Income source	Amount
1				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> BLK <input type="checkbox"/> WHT <input type="checkbox"/> OTHER	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Other		<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
2				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> BLK <input type="checkbox"/> WHT <input type="checkbox"/> OTHER	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Other		<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Other	
3				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> BLK <input type="checkbox"/> WHT <input type="checkbox"/> OTHER	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Other		<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Other	
4				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> BLK <input type="checkbox"/> WHT <input type="checkbox"/> OTHER	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Other		<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Other	

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 2021

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
PAYMENT ASSISTANCE CHART
PY 2021

1 PERSON

<i>Fuel Type</i> Income Level	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$531	\$500	\$480	\$440	\$400
\$532 – \$1,063	\$470	\$450	\$410	\$370
\$1,064 – \$1,595	\$380	\$360	\$320	\$280

2 PERSON

<i>Fuel Type</i> Income Level	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$718	\$510	\$490	\$450	\$410
\$719 – \$1,437	\$480	\$460	\$420	\$380
\$1,438 – \$2,155	\$390	\$370	\$330	\$290

3 PERSON

<i>Fuel Type</i> Income Level	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$905	\$520	\$500	\$460	\$420
\$906 – \$1,811	\$490	\$470	\$430	\$390
\$1,812 – \$2,715	\$400	\$380	\$340	\$300

4 PERSON

<i>Fuel Type</i> Income Level	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$1,091	\$530	\$510	\$470	\$430
\$1,092 – \$2,183	\$500	\$480	\$440	\$400
\$2,184 – \$3,275	\$410	\$390	\$350	\$310

Note: Households with more than four persons will receive benefits in the same amount as the chart of four.

5 person	\$3,835	9 person	\$6,075
6 person	\$4,395	10 person	\$6,635
7 person	\$4,955	11 person	\$7,195
8 person	\$5,515	12 person	\$7,755

Add \$560 for each additional member in households with more than 8

Add an additional \$50 if you have determined the household has a high energy need such as those with children under 18, elderly or disabled members. The additional \$50 cannot be split and crisis awards cannot exceed minimum amount necessary to alleviate the crisis.