

**ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**Summarized Eligibility Requirements
(October 1, 2014)**

The Low Income Home Energy Assistance Program (LIHEAP) is administered at the State level by the Alabama Department of Economic and Community Affairs. At the local (county) level, your Community Action Agency or other designated local agency will be responsible for program administration.

The purpose of the energy assistance program is to help eligible households in meeting the rising costs of home energy. All payments to eligible households will be in the form of vendor payments to participating fuel suppliers. The amount of assistance that a household can receive depends on gross household income, family size and the type of fuel the household uses to heat/cool their home. The amount which the State pays to your fuel supplier may not always be enough to cover your fuel bill. **You will be responsible to pay any balance of your fuel bill after the State makes a payment on your behalf.**

WHO IS ELIGIBLE? Households which make application and provide the required information or verification to their local agency and which meet the following monthly gross income test:

1 person	\$1,458
2 person	1,966
3 person	2,473
4 person	2,981

(Add \$508 for each additional household member above four.)

AMOUNT OF PAYMENT: All payment amounts will be set by the local agency in accordance with the LIHEAP Manual and the amount of money available to each agency for the program.

METHOD OF PAYMENT: All payments will be made directly to participating fuel suppliers or vendors which supply the energy related benefits. Eligible households will be notified when a payment is made on their behalf.

HOW TO APPLY: The head of household or spouse is the **only** one who can apply. When the head of household (or spouse) is age 60 or over or disabled, a representative may be designated to apply on behalf of the household. When someone other than the head of household or spouse applies, the section on the back or a similar statement must be completed. Application may be made at your local community action agency office.

FAIR HEARINGS: If you are not satisfied with the local agency's decision about your application, you can ask for a conference with the agency and/or a formal hearing. If you want a formal hearing, you must make your request in writing to your local agency. You must make your written request within 45 days from the date the local agency informed you of its decision about your application. The State Office in Montgomery will make the final

decision on all hearings. You may be entitled to free legal services concerning your dissatisfaction about your case.

OTHER REQUIREMENTS: In order to receive assistance under this program, a household must:

1. Live in Alabama and be a U. S. citizen or *legal alien.
2. Make application in accordance with the rules published by the Alabama Department of Economic and Community Affairs.
3. Provide information to enable your local agency to determine if you are eligible for assistance.
4. Provide proof of income for all current household members for the month prior to the month of application. **Zero income must be documented with a notarized statement from a reliable person in a position to know the circumstances of the household; not a household member or a relative.**
5. Furnish Social Security Numbers for all household members and **picture ID for person applying.**
6. Furnish a recent heating/cooling bill which includes your customer account number with the fuel company. **Bill must be in the name of the head of household or spouse.** If your fuel company does not furnish customer account numbers, then you will not have to meet this requirement.
7. Cooperate with your local agency in furnishing any other necessary information or verification requested.

COMPLETE AS NECESSARY

I give _____ permission to make application for the Energy Assistance Program for my household. I (or my spouse) am	
_____ age 60 or over	
_____ disabled	
_____ (Signature of Head of Household or Spouse)	_____ Date
_____ (Witness, if signed by mark)	_____ Date

*Certain "non-qualified aliens" are not eligible to receive LIHEAP benefits. Please check with your local Community Action Agency concerning eligibility.