



Board of County Commissioners, Broward County, Florida  
HUMAN SERVICES DEPARTMENT  
**FAMILY SUCCESS ADMINISTRATION DIVISION**

BROWARD COUNTY COMMUNITY ACTION AGENCY

**2018 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. Verify income is at or below 150% of the poverty level.
4. Verify household size.
5. 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 2018 LIHEAP APPLICATION

Remember to attach copies of the following:

- |  |  |
|--|--|
| <p><input type="checkbox"/> Social Security cards for all household members</p> <p><input type="checkbox"/> Proof of past 30 days income <b>for all household members</b></p> <p><input type="checkbox"/> Broward Picture ID for adult household members</p> | <p><input type="checkbox"/> FPL (energy) bill</p> <p><input type="checkbox"/> Birth certificates for children 5 or younger</p> <p><input type="checkbox"/> Proof of disability</p> |
|--|--|

CAA use:

Date Stamp:

  
  
  

( ) Home energy  
 ( ) Crisis energy  
 ( ) Disaster energy

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.

NAME (Please Print)	SS#	Date of Birth	Age	Sex	Relation To Applicant	Race	Last Grade Completed	Receive Food Stamps Y/N	Disabled Y/N	Type of Income	Monthly Income
					SELF						

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 12 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
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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.

"Under penalties of perjury, I hereby certify that the information I have given above is, to the best of my knowledge, true and complete. I do understand that this is an application to receive federal money and that receiving federal monies by using false information may result in legal consequences. I am also accepting responsibility for those consequences. 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. 31<sup>st</sup> Avenue, Suite 3100, Fort Lauderdale, FL 33311

Hours of Operation: Monday – Friday, 8:00 AM to 5:00 PM



Board of County Commissioners, Broward County, Florida  
 HUMAN SERVICES DEPARTMENT  
**FAMILY SUCCESS ADMINISTRATION DIVISION**  
 COMMUNITY ACTION AGENCY

**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



Authorization for Release of General and/or Confidential Information  
For LIHEAP/EHEAP Federal Reporting

The Florida Department of Economic Opportunity’s (DEO) Low Income Home Energy Assistance Program (LIHEAP) Program Office is requesting that you authorize your utility service provider to disclose the following information to the LIHEAP office to which you are applying for assistance:

- Your utility account status and history, such as payment history, past due amounts, deposits, current shut-off due dates or disconnection, current life support status, payment arrangements, and history of energy assistance payments.
- Your total annual energy usage and charges for up to twelve months.

The Florida LIHEAP office and its contractors will use this information to develop LIHEAP program performance measures and meet Federal reporting requirements.

Please note that:

- You have a right to receive a copy of this form.
- You are not required to authorize your utility service provider to disclose your customer data.
- Your decision not to authorize the disclosure will not affect your utility services or any LIHEAP assistance you may be eligible for.
- Your utility service provider may not disclose your customer data unless you authorize the disclosure to the LIHEAP office, DEO, or as otherwise permitted or required by laws or regulations.
- Your utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the Florida LIHEAP office maintains the confidentiality of the data or uses the data as authorized by you.
- The Florida LIHEAP office will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations and developing LIHEAP program performance measures.

<b>ACCOUNT HOLDER (CUSTOMER NAME):</b>	
<b>SERVICE ADDRESS FOR UTILITY:</b>	
<b>NAME OF UTILITY SERVICE PROVIDER:</b>	
<b>UTILITY ACCOUNT NUMBER:</b>	
<b>PHONE NUMBER FOR UTILITY ACCOUNT:</b>	

**SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER**

I hereby authorize the above named utility and this agency to disclose pertinent information regarding my account to agencies that may provide me financial assistance, including the Florida LIHEAP Office. I understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility for assistance. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

**ACCOUNT HOLDER’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER**

As applicant for payment assistance for the above named utility account, I hereby confirm, under penalty of perjury, that I am an Authorized Representative on behalf of the Account Holder and I have authority to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. I, and the Account Holder, understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

**APPLICANT'S NAME (NOT ACCOUNT HOLDER):** \_\_\_\_\_

**APPLICANT'S PHONE NUMBER:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION C: FOR AGENCY USE ONLY**

Agency must maintain this form in the Applicant's file and make it available to the utility vendor of record upon request, for accounting and auditing purposes.

**AGENCY NAME:** \_\_\_\_\_ **BROWARD COUNTY COMMUNITY ACTION AGENCY** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **954-357-5025** \_\_\_\_\_

**AGENCY CASEWORKER'S NAME:** \_\_\_\_\_

**AGENCY CASEWORKER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Board of County Commissioners, Broward County, Florida  
HUMAN SERVICES DEPARTMENT  
**FAMILY SUCCESS ADMINISTRATION DIVISION**  
Community Action Agency  
Low Income Home Energy Assistance Program (LIHEAP)  
Community Service Block Grant (CSBG)

**LIHEAP to CSBG REFERRAL FORM**

Client Name: \_\_\_\_\_

Social Security Number (Last 4): \_\_\_\_\_

**CAA use:**

PPL: \_\_\_\_\_ %

LIHEAP Case Worker: \_\_\_\_\_

1. Do you, or anyone in your household, have any interest in attending school or vocational training to improve job skills? \_\_\_ yes \_\_\_ no
2. Do you believe financial assistance with tuition, books, and child care will make it easier to attend school or training sessions? \_\_\_ yes \_\_\_ no

If you, or someone in your home, want help to reach educational and/or vocational goals, please provide us with the name and contact number of the household member below (must be age 18 or older) so that someone on our CSBG team may call to discuss how we can help.

The household member seeking educational/vocational assistance is:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_





Board of County Commissioners, Broward County, Florida  
 HUMAN SERVICES DEPARTMENT  
**FAMILY SUCCESS ADMINISTRATION DIVISION**  
 COMMUNITY ACTION AGENCY (CAA)

# **Low Income Home Energy Assistance Program 2018 (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:**

<i>Household size</i>	<i>50%</i>	<i>Annual Poverty Level</i>	<i>150%</i>
1.....	\$6,070	.....	\$18,210
2.....	\$8,230	.....	\$24,690
3.....	\$10,390	.....	\$31,170
4.....	\$12,550	.....	\$37,650
5.....	\$14,710	.....	\$44,130
6.....	\$16,870	.....	\$50,610
7.....	\$19,030	.....	\$57,090
8.....	\$21,190	.....	\$63,570

For each additional person, add \$2,160 to 50% poverty level and \$6,480 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  
 CALL AHEAD FOR INFORMATION ON DATES AND TIMES  
 TO 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](http://broward.org/Family)

**Annie L. Weaver Health Center &  
 Family Success Center**  
 2011 N.W. 3rd Ave.  
 Pompano Beach, FL 33060  
**(954) 357-5340**

**Northwest Family  
 Success Center**  
 10077 N.W. 29th St.  
 Coral Springs, FL 33065  
**(954) 357-5000**

**South Region Family Success  
 Center (Carver Ranches)**  
 4733 S.W. 18th St.  
 Hollywood, FL 33023  
**(954) 357-5650**

## **WHEN APPLYING FOR ENERGY ASSISTANCE CLIENTS MUST PROVIDE THEIR OWN COPIES OF 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
- Other documentation 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
- Valid FPL Bill

## **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

## **CLIENTS MUST PROVIDE THEIR OWN COPIES**