LIHEAP APPLICATION

The LIHEAP Provider for Desoto County is:

Desoto County Social Services Department
201 E. Oak Street, Suite 202
Arcadia, Florida 34266
(863) 993-4858 or (863) 993-4859 - (863) 993-4857 Fax

PROGRAM DESCRIPTION: The LIHEAP Program assists low-income households in meeting the costs of home heating and cooling. The program has three categories of assistance, each category has unique requirements
Home Energy Assistance, Crisis Assistance, and Weather-Related or Supply-Shortage Emergency Assistance

TO APPLY FOR ASSISTANCE: You must call on **Monday** mornings at 8:00am to schedule an appointment. If Monday is a Holiday, then call on Tuesday morning.

APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY:
Monday – Friday - - - - - 8:00 am - 5:00 pm

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****UTILITY BILL MUST BE IN YOUR NAME or someone that lives in the Household**
****ONE DEPOSIT PER HOUSEHOLD PER LIFETIME**
****UTILITY ALLOWANCES MUST BE PAID BY APPLICANT (MONTHLY) – IF IN SUBSIDIZED HOUSING**

The following items are required that pertain to you as the applicant:

_____ PHOTO IDENTIFICATION – FOR ALL ADULT MEMBERS 18 YEARS OF AGE AND OLDER
CAN NOT BE MORE THAN ONE (1) YEAR EXPIRED
_____ SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
_____ IF RECEIVING FOOD STAMPS: CURRENT FOOD STAMP PRINTOUT (you receive it in the mail) WITH THE DOLLAR AMOUNT & ALL HOUSEHOLD MEMBERS LISTED - **WE CAN NOT ACCEPT EBT CARDS**
_____ UTILITY (ELECTRIC) BILL OR AN ACCOUNT NUMBER IF YOU GET YOUR BILL EMAILED
_____ **CURRENT YEAR** DISABILITY AND/OR SSI BENEFITS STATEMENT-BENEFIT LETTER
_____ **CURRENT YEAR** RETIREMENT BENEFIT STATEMENT
_____ **CURRENT PAY STUBS** (LAST 30 DAYS OF EMPLOYMENT) **NO BANK STATEMENTS CAN BE ACCEPTED**
_____ SELF EMPLOYMENT - A SIGNED STATEMENT OF SELF-DECLARATION OF INCOME
_____ CURRENT UNEMPLOYMENT WAGE STATEMENT
_____ CURRENT PENSION PRINTOUT
_____ CURRENT CHILD SUPPORT VERIFICATION PRINT OUT-(Proof that you are/are not receiving Child Support, if you have a case)
_____ CURRENT VETERAN BENEFITS
_____ CURRENT WORKER COMPENSATION BENEFITS
_____ ANYONE OVER 18 YEARS OF AGE WITH NO INCOME, MUST SIGN THE NO-INCOME STATEMENT IN THIS APPLICATION

*** MUST HAVE CURRENT INFORMATION, INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED***

LIHEAP ASSISTANCE APPLICATION

REC'D ___/___/___

1. Provide the following information on yourself and **all** household members:

NAME	SS#	DATE OF BIRTH AND AGE	RELATIONSHIP TO APPLICANT	MONTHLY INCOME

** EXAMPLES OF SOURCES OF INCOME INCLUDE: WAGES, SELF-EMPLOYMENT, SOCIAL SECURITY, CHILD SUPPORT, UNEMPLOYMENT BENEFITS, RETIREMENT BENEFITS, PENSIONS, ETC.

2. Please list the name(s) of any disabled household member(s):_____

_____

3. Are you or any member of your household a member of an Indian Tribe? YES ☐ NO ☐

4. The physical address of where you are living/receiving utility service (must be a DeSoto County resident):

_____

5. Mailing address, if different from above: ☐ Yes No ☐ If so, fill in below: _____

_____

6. Day time telephone number: (_____) _____

7. Email Address: _____

8. Is this subsidized housing (**Cyndy's Place, Housing Authority, Heron Cove, DeSoto Landings, Jacaranda, Oaks Trail, Mc Pine, Wood Park Pointe, Casa San Juan Bosco,St. John Pauls)** complex, nursing home, adult foster home or group living facility?

**YES☐ NO☐. If yes, how many bedrooms ____ If yes, please list the name of the facility_____

9. Do you: RENT ☐ OWN ☐

10. Does anyone in your household receive Food Stamps: ☐ YES ☐ NO (If yes, provide a copy)

11. Do you receive Child Support: NO☐ YES ☐ (If yes, provide a copy)

13. Are you a relative or employee of DeSoto Board of County Commissioners YES ☐ NO ☐

If yes, what is your relationship _____

12. **Provide the following information regarding your electric bill:**

COMPANY'S NAME	CUSTOMER'S NAME ON ACCOUNT	CUSTOMER'S ACCT NUMBER
FPL or PRECO	_____	_____

Household size	Yearly Income
1	$6,380
2	$8,620
3	$10,860
4	$13,100
5	$15,340
6	$17,580
7	$19,820
8	$22,060

← (50% of the Federal Poverty level):

10. Provide a written statement explaining how your household pays for basic living needs (rent/water, personal items, food, etc.) **if** you told us you have no income, or if your income is less than the household size poverty income chart on the left.

_____

_____

_____

I, _____ EARN $_____ MONTHLY

FROM THE FOLLOWING:

JOBS_____

RELATIVES/FRIENDS_____

SELF-EMPLOYMENT_____

OR OTHER ACTIVITIES_____

FOR TOTAL MONTHLY INCOME _____

_____

I, _____ EARN $_____ MONTHLY

FROM THE FOLLOWING:

JOBS_____

RELATIVES/FRIENDS_____

SELF-EMPLOYMENT_____

OR OTHER ACTIVITIES_____

FOR TOTAL MONTHLY INCOME _____

FRAUD STATEMENT: The information above is, to the best of my knowledge, true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and the greatest need, i.e., those households in which the elderly, disabled, medically needy or children reside. I agree to disclose my household's social security information. 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 am applying for crisis assistance, the Agency has 48 hours; 18 if my situation is life threatening; to approve or deny my application. If I am applying for Home Energy Assistance the Agency has 45 days to approve or deny my application. I am also aware that if I am not approved or denied within the time allowed I have a right to an appeals hearing.

_____ _____/_____/_____
APPLICANT SIGNATURE DATE

_____ _____/_____/_____
CASEWORKER DATE

****

Authorization for Release of
General and/or Confidential Information

All information is accurate to the best of my knowledge. This agency may verify information contained in this application, including the Florida Power & Light Company **OR** Peace River Electric account for which I am seeking assistance.

I, _____, hereby authorize FPL/Peace River Electric and this agency to release pertinent information to related community agencies. I understand that the need or purpose for this disclosure is solely to assist in alleviating the current situation.

CLIENT'S SIGNATURE: _____ DATE: _____/_____/_____

The client must sign this application to receive financial aid as pertains to their FPL/PRECO electric account.

CASEWORKER SIGNATURE: _____ DATE: _____/_____/_____

AGENCY NAME: SOCIAL SERVICES
ADDRESS: 201 E. OAK ST. SUITE 202
ARCADIA, FL 34266
TELEPHONE: (863) 993-4858

The client has the right to appeal the decision of this Authorization for Release of General and/or Confidential Information application by requesting to speak with the agency Director/Manager, or whomever else the agency deems necessary.

The Authorization for Release form should be maintained by the Agency in the applicant's working file.

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ONLY COMPLETE IF YOU ARE THE HOMEOWNER OF THE PROPERTY – NOT A RENTER

NAME: _____

ADDRESS: _____

Are you the home owner of the address you are seeking Utility assistance on?

_____ YES _____ NO

Is this the first time you request Utility assistance?

_____ YES _____ NO

How many people in your household? _____

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
LIHEAP – ***NO INCOME STATEMENT***

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

I hereby declare that at the present time I have no income or means of support and cannot contribute to this household.

I hereby certify that the above information is truthful to the best of my knowledge. I do understand that this is federal money and that receiving federal monies by using false information may result in legal consequences. I am also accepting responsibility for those consequences.

_____
(Signature of Claimant)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
LIHEAP – ***NO INCOME STATEMENT***

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

I hereby declare that at the present time I have no income or means of support and cannot contribute to this household.

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_____
(Signature of Claimant)

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 DeSoto County Board of County Commissioners (sub-grantee) 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

FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

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

The Florida Department of Economic Opportunity's (DEO) 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 assess your need for other services (such as budget counseling, energy education, or weatherization), 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.

ACCOUNT HOLDER (CUSTOMER NAME):	
SERVICE ADDRESS FOR UTILITY:	
NAME OF UTILITY SERVICE PROVIDER:	**FLORIDA POWER AND LIGHT**
UTILITY ACCOUNT NUMBER:	
PHONE NUMBER FOR UTILITY ACCOUNT:	

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 to the Florida LIHEAP Office. I understand that the need or purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. 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 that I am not the Account Holder with the named utility, but I am authorized by the Account Holder to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. All information is accurate to the best of my knowledge. I understand that the need or purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. 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: DESOTO COUNTY SOCIAL SERVICES – DESOTO COUNTY BOCC_____
PHONE: (863) 993-4858_____
AGENCY CASEWORKER'S NAME: LAURI BENSON _____ Cathee Durrance _____

AGENCY CASEWORKER'S SIGNATURE: _____

DATE: _____