

**The Cost of Home Heating is a Problem
for Many Low-Income Kentuckians**

Your Community Action Agency may be able to help.
Apply at the community action office in your county for
the Low-Income Home Energy Assistance Program.



LIHEAP SUBSIDY

Applications are taken in order of the **last name of the head of the household**. Choose the date on the calendar that contains the first letter of your last name.

Applications will be taken from **November 6, 2017**, through **December 15, 2017**.

| NOVEMBER | | | | | | |
|----------|------------|------------|-----------------|---------------|-----------------------------------|-----|
| SUN | MON | TUE | WED | THUR | FRI | SAT |
| 5 | 6 A | 7 B | 8 B | 9 C | 10 Closed | 11 |
| 12 | 13 C | 14 D, E | 15 F | 16 G | 17 Open | 18 |
| 19 | 20 H | 21 H | 22 Staff Day | 23 Closed | 24 Closed | 25 |
| 26 | 27 I, J | 28 K | 29 L | 30 M | | |
| DECEMBER | | | | | | |
| SUN | MON | TUE | WED | THUR | FRI | SAT |
| | | | | | 1 Open | 2 |
| 3 | 4 M | 5 N | 6 O, P | 7 Q, R | 8 Open | 9 |
| 10 | 11 S | 12 T | 13 U, V, W | 14 X, Y, Z | 15 Open Last Day of Subsidy | |

If you cannot apply on your assigned day, contact your local community action agency to make other arrangements.

On Your Assigned Day, Go To:

PLEASE BRING THE FOLLOWING INFORMATION ON YOUR DESIGNATED DAY:

1. Proof of Social Security Number or Permanent Residence card (Green Card) for each member of the household.
2. Proof of all household's (all members) income from the preceding month.
3. Most current heating bill, statement from your landlord if heating expenses are included in your rent, statement from utility company if you participate in Pre-Pay Electric Program.
4. Vendor information (including account number and name on account) for your main heating fuel as well as electric.

Please report any information about fraud or misuse of LIHEAP benefits by calling the Fraud Hotline at 1-800-372-2970.
Giving wrong information on purpose is fraud and may result in legal action against you.

For more information, call 1-800-456-3452 (TTY available for the hearing impaired).

**Low Income Home Energy Assistance Program (LIHEAP)
FY 2017-2018 Fact Sheet
Administered by the Department for Community Based Services
Services Provided by Community Action Agencies**

PURPOSE: To assist low-income households with home heating cost through two (2) components:
 1. Subsidy - provides assistance to all eligible households.
 2. Crisis - provides assistance to eligible households experiencing a home heating crisis.

OPERATION: Community Action Kentucky, Inc. will contract with twenty-three community action agencies to operate both components in all 120 counties. Applications for both components will be taken at local community action agency offices or designated sites in each county.

ELIGIBILITY: 1) Household income must be at or below the following, relative to household size:

| Household Size | Gross Monthly Income | Household Size | Gross Monthly Income |
|----------------|----------------------|----------------|----------------------|
| 1 | \$ 1,307 | 5 | \$ 3,118 |
| 2 | \$ 1,760 | 6 | \$ 3,571 |
| 3 | \$ 2,213 | 7 | \$ 4,024 |
| 4 | \$ 2,665 | 8 | \$ 4,477 |

Add \$453 for each additional family member

- 2) Must be responsible for home heating costs or pay heating costs as an undesignated portion of rent.
- 3) Must not have in excess of \$2,000 in liquid resources, or \$3,000 if at least one person in the household is age 60 or older: &/or disabled except for households where a member has an illness, which requires liquid resources to be accessed for medical and living expenses, the amount may be \$4,000.
- 4) In addition to the above eligibility requirements, crisis applicants must be within 4 days of running out of fuel if wood, coal, propane, fuel oil or kerosene is the heat source or a disconnect/past due notice has been received from the vendor (example: past due notice, termination notice, or final notice). Crisis applicants who participate in a Pre-Pay Electric Program would be eligible if they are within 10 days of running out of pre-paid electric services. If energy costs are an undesignated portion of rent, an eviction notice is required.

APPLICATION PERIOD: **Subsidy:** Applications must be made during the period November 6, 2017, through December 15, 2017. Applications will be taken in alphabetical order based on the first letter of the head of household's last name using the following schedule:

| | | | | | |
|-------------|--------|-------------|-----------|-------------|---------|
| November 6 | A | November 20 | H | December 4 | M |
| November 7 | B | November 21 | H | December 5 | N |
| November 8 | B | November 22 | Staff Day | December 6 | O, P |
| November 9 | C | November 23 | Closed | December 7 | Q, R |
| November 10 | Closed | November 24 | Closed | December 8 | Open |
| November 13 | C | November 27 | I, J | December 11 | S |
| November 14 | D, E | November 28 | K | December 12 | T |
| November 15 | F | November 29 | L | December 13 | U, V, W |
| November 16 | G | November 30 | M | December 14 | X, Y, Z |
| November 17 | Open | December 1 | Open | December 15 | Open |

Crisis: Applications can be made from January 8, 2018, through March 31, 2018, or until available funds have been expended. Applicants who are unable to apply for themselves must contact the local community action to make other arrangements. If the designated representative is not the head of household or spouse, the representative must have a signed statement giving authorization to apply for the household. Individuals without a designated representative should contact the local community action agency which may be able to assist them in finding one. Only one person from each household should apply.

REQUIRED DOCUMENTS:

Applicants must bring the following:

1. Proof of Social Security Number or Permanent Residence card (Green Card) for each member of the household.
2. Proof of all household's (all members) income from the preceding month.
3. Most current heating bill, statement from your landlord if heating expenses are included in your rent, statement from utility company if you participate in a Pre-Pay Electric Program.
4. The account number and name on the account for main heating fuel sources and electric.

In addition, in the Crisis component, applicants requesting assistance for natural gas or electric must bring a disconnect/past due notice (example: past due notice, termination notice, or final notice). If your rent includes heat you must bring a copy of your lease and eviction notice. Applicants who participate in a Pre-Pay Electric Program must bring a statement from the utility company that shows they have 10 days or less of pre-paid electric service.

BENEFITS PROVIDED:

Subsidy: The benefit amount that a household receives will be based on its level of poverty and the type of fuel used for heating. Those households with the lowest incomes that use the fuel with the highest heating season costs will receive the highest benefit. All eligible households will receive a benefit. Benefits will be in the form of vouchers made payable to the household's primary heating fuel vendor.

Crisis: Benefits are limited to the amount necessary to relieve the crisis with the maximum amount not to exceed the community action agency's local cost for a deliverable supply of the household's primary heating fuel or \$400 for gas or electric. Benefits may take the form of fuel deliveries, service reconnection, blankets or sleeping bags, loan of space heaters and emergency shelter. Crisis relief will be provided within 48 hours or 18 hours if an emergency.

CLIENT REFERRAL:

Clients requesting additional information regarding either component of the FY 2017-2018 LIHEAP program should be referred to their local community action agency or Community Action Kentucky (CAK), toll-free number 1-800-456-3452 (TTY available for the hearing impaired).

APPLICANT RIGHTS:

Each applicant will be informed of their rights should they be denied assistance. Any applicant who wishes to appeal the case should be informed by local community action agency staff of the procedures for filing a complaint. Should the applicant not be satisfied with the local decision, they may further appeal to the Cabinet for Health and Family Services.

RULES:

Do **NOT** give false information or hide information to receive LIHEAP benefits. Use LIHEAP benefits only for your household. If you **BREAK** these rules, you may be stopped from receiving LIHEAP benefits and you may be prosecuted for fraud. Report any information about fraud or misuse of LIHEAP benefits by calling the Fraud Hotline at 1-800-372-2970.