

Monroe County
Social Services



Low Income Home Energy Assistance Program (LIHEAP)

Address:

Historic Gato Building
1100 Simonton Street, Suite 1-190
Phone: 305-292-4408
Fax: 305-292-4410

Appointment:

Date: _____
Time: _____

Required documents to LIHEAP appointment:

- ☐ Current electric Bill
- ☐ Photo ID (Adult Members 18 & Older)
- ☐ Social Security Cards for All Household Members
- ☐ Birth Certificate for Children Age 5 or Younger
- ☐ Copy of Current Lease or proof of ownership
- ☐ Copy of most recent rent receipt
- ☐ If you receive Section 8 or Public Housing, bring a copy of your rent adjustment notice
- ☐ DCF Award letter for food stamps (if applicable)
- ☐ 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)
 - Current Unemployment Wage Determination Statement
 - Current Pension Printout
 - Current Child Support Verification Printout
 - Current AFDC Verification Printouts
 - Current Veteran Benefits
 - Current Worker Compensation Benefits

DOCUMENTOS QUE DEBE DE TRAER A SU CITA DE LIHEAP

- ☐ Copia de la factura de Electricidad mas reciente.
- ☐ Tarjeta de seguro social de todos los miembros de la familia.
- ☐ Adultos de 18 anos de edad en adelante necesitan traer una identificacion con foto (ID) o certificado de nacimiento, todos los ninos en el hogar necesitan traer su certificado de nacimiento.
- ☐ Copia de el contrato de arrendamiento actual o comprobante de propiedad.
- ☐ Copia del recibo mas reciente de el pago de la renta.
- ☐ Prueba de todos los ingresos de los ultimos 30 dias (incluye) salario, manutencion, beneficios, letras del seguro social, etc.
- ☐ Si aplicable: Carta del departamento de Children and Families (DCF) si usted recibe cupones de alimentos.

Statement of Need:

(Please print legibly and use all space provided in order to better assist you with your request of assistance)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

3/16/20

Please complete this document in BLUE ink. Thank you.

Monroe County

Social Services



LIHEAP Assistance Application

Date Stamp:

1. Provide the following information for the applicant first, then for each person living in your home. If more than five persons live in your home, list the additional persons, provide the same information on a separate sheet of paper, and attach it to this form.

For Official Use Only

- () Home Energy
() Summer Crisis
() Winter Crisis
() Weather Related

Name (First, Middle, Last)	Social Security Number	Age	Date of Birth M/D/Y	Relation to Applicant	Source of Income*	Monthly Income
				SELF		

*Source of income: Wages, self-employment, Social Security, child support, gifts, unemployment or retirement benefits, SSI, TANF, pensions, & interest on savings, etc.

2. If your monthly household income is less than 50% of current FPL, explain how you pay for food, shelter, clothing, transportation and home utilities: _____

3. How many disabled persons live with you? (If you are disabled, include yourself) _____

4. If you share your living or mailing address with others who are not part of your household, list their names: _____;
_____;

5. If you or anyone in your home are not a U.S. citizen or an alien lawfully admitted for permanent residence, please provide the person's name and alien status under the Immigration and Naturalization Act.

Name: _____ Alien Status: _____

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

List the complete name of the Tribe: _____

7. Address where you live: _____, FL 330, Monroe
Street # or name, Apt. Lot Number City or Town Zip Code County

8. Mailing address, if different from above: _____, FL 330, Monroe
P.O. Box, Street #, Name, RFD, Apt. or Lot No. City or Town Zip Code County

9. Telephone number where you can be reached: () _____ - _____

10. Check the Programs that anyone in your household is currently eligible for or receiving assistance from:

() CSBG () Weatherization () Food Stamps/SNAP () EHEAP

11. If you or any member of household has received energy assistance in the last 12 months, list:

Name of Agency	Type of assistance (elderly, crisis, emergency)	Date

Name of Agency	Type of assistance (elderly, crisis, emergency)	Date

12. Do any of the following situations currently apply to you? (Check appropriate box)

- ☐ My electricity has been disconnected ☐ Other energy crisis- Describe: _____
☐ My current electric bill is delinquent ☐ None of these selections apply
☐ I have a shut-off notice from the electric company

13. If the cost of home energy is included in your rent, please provide name and telephone number of your landlord. Attach a letter from the landlord confirming that your rent includes utilities.

Landlord: _____ Phone Number: _____

14. If you live in a government subsidized housing complex, Section 8, housing, dormitory, nursing home, adult foster home, or any kind of group living facility, list the name of the complex where you live: _____

_____, _____ FL, 330, _____ Monroe
 Street Number, Name RFD, Apt or Lot Number City or Town Zip Code County

15. Provide information about the primary source of energy you use to **HEAT** your home. List only ONE company.

Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Phone Number
Electric				

16. Provide information about the primary source of energy you use to **COOL** your home.

Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Phone Number
Electric				

17. Attach a copy of your current energy bills for all companies listed above in questions 15 and 16.

FRAUD STATEMENT: To the best of my knowledge, the information above is true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e., those households in which the elderly, disabled, medically needy, or children reside. 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 hours 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, or not approved for the correct amount, I have the right to file an appeal. In accordance with FS 414.39(1)(a), any person who fails to disclose a material fact used in making a determination as to such person's qualification to receive assistance under any state or federally funded assistance program, is guilty of a crime and shall be subject to penalties as provided in subsection (5).

 APPLICANT SIGNATURE DATE

 STAFF SIGNATURE DATE REVIEWER SIGNATURE DATE

Monroe County Social Services



Self-Declaration of Income

Please list your income for the past 12 months, on a month-by-month basis. Include all sources of income to include wages and salaries before deductions, regular payments from Social Security, Unemployment Compensation, Worker's Compensations, VA payments, Child Support, TANF, SSI, SSD, private pensions, government pensions, net rental income, dividends, interests, net royalties, periodic receipt from estates or trust, net gambling or lottery winnings.

Name

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Client Signature

Date

Staff Signature

Date



Self-Declaration of Income

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Name

Month/Year

Month/Year

Month/Year

Month/Year

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Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Client Signature

Date

Staff Signature

Date



MONROE COUNTY SOCIAL SERVICES

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

I, _____, authorize the release of financial information to the Monroe County Social Services Department.

Signed: _____

Date: _____

Witnessed by: _____ Date: _____

SSW-05



MONROE COUNTY SOCIAL SERVICES

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

I, _____, authorize the release of financial information to the Monroe County Social Services Department.

Signed: _____

Date: _____

Witnessed by: _____ Date: _____

SSW-05

**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 MC BOCC
(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

ABUSE HOTLINE 1-800-96-ABUSE	ELDER HOTLINE 1-800-96-ELDER	LEAGUE AGAINST CANCER 1-800-792-3320	SAFELINK WIRELESS Free cell phone and airtime www.safelinkwireless.com
AIDS HELP INC 305-296-6916 305-289-0055	FLORIDA ATTORNEY REFERRAL 1-800-342-8011	Lower Keys Medical Center 305-294-5531	SALVATION ARMY 305-294-5611
AMERICAN RED CROSS Assistance for Disaster Victims 305-296-4033	LIONS CLUB 305-296-5466	MEDICAID RIDES MIDDLE KEYS TRANSPORTATION 305-434-7660 ext 31114	SOUTH FLORIDA CAREER SOURCE Unemployment Compensation and Job Services 305-292-6762
CANCER FOUNDATION Non-medical assistance 305-294-7300	FLORIDA KEYS CHIDLRENS SHELTER 305-852-4246 MM 88.5	MONROE COUNTY HEALTH DEPARTMENT Clinic, WIC, etc. 305-293-7500	SPECIAL NEEDS HURRICANE EVACUATION 305-292-4591
CENTER FOR INDEPENDENT LIVING OF THE KEYS 305-453-3491 – Pink Plaza	FLORIDA KEYS OUTREACH COALITION FOR THE HOMELESS 295-75801 Men's Program 305 293-0641 Woman's Program 305 294- 0304	Key West HOUSING AUTHORITY 305-296-5621 Administration 305 292-3330 Applications 305-292-9118 (Section 8)	US DEPARTMENT OF HOMELAND SECURITY – Citizenship and Immigrations Services 1-800-375-5283 305-292-9535
CHILD SUPPORT ENFORCEMENT 1-800-622-5437	STAR OF THE SEA 305-294-2772 Food Pantry Soup Kitchen	MONROE COUNTY SOCIAL SERVICES 305-292-4583 In Home Services 305 292-4424 Transportation 305 292-4408 LIHEAP electric assistance	VA Transportation 305-289-6009 To and from Miami
PRIMARY CARE CENTER 305 292-6885	FLORIDA KEYS HEALTHY START COALITION 305 293-8424	MONROE COUNTY NUTRITION PROGRAM –Senior lunch program and senior activities 305-292-4522	VETERAN AFFAIRS 305-295-5150
DEPARTMENT OF CHILDREN AND FAMILIES (DCF) Food Stamps 1-800-762-2237 Medicaid 1-800-367-6554 www.myflorida.com/accessflorida	GUIDANCE/CARE CENTER for Mental Health & Substance Abuse Services 305-292-6843	MONROE COUNTY SHERIFF'S DEPARTMENT 911 – Emergency 305-853-3211	VICTIMS ADVOCATE 305-809-1090
DIVISION OF BLIND SERVICES 1-800-226-5853	HELPLINE ALCOHOLICS ANONYMOUS NARCOTICS ANONYMOUS 305-296-4357	Key West Police Department 305 809-1111	VOCATIONAL REHABILITATION 305-289-6174
Catholic Charities 305-292-9790 FKOC 305-295-7580 Homeless Prevention/ Rent	Legal Services 1-877-715-7461 Eviction Assistance	RURAL HEALTH NETWORK 305-517-6613 Administration 305 292-6422 Dental clinic	WESLEY HOUSE FAMILY SERVICES 305-809-5000

OTHER REFERRALS _____

Client _____

Date _____

Monroe County Social Services

1100 Simonton St. Key West, FL 33040 305-292-4408, FAX 305-295-4376



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.

ACCOUNT HOLDER (CUSTOMER NAME):	
SERVICE ADDRESS FOR UTILITY:	
NAME OF UTILITY SERVICE PROVIDER:	Keys Energy Service
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 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: _____



ATTESTATION OF NO CHILD SUPPORT

I, _____, do hereby attest that I do not receive Child Support for the following children.

Child ('s) name _____

Client's Signature _____ Date _____

Staff Signature _____ Date _____