



Lee County Human & Veteran Services
 2440 Thompson St. Fort Myers FL. 33901
 Applications are accepted Monday through Thursday



Attached to this cover letter is your Low Income Home Energy Assistance Program (LIHEAP) application. LIHEAP has changed to mail out applications this year. This application is intended and will only be accepted if submitted by the recipient of this letter and their household. Please follow the directions and fill out the entire application. This application expires in 30 days and the expiration date is on the application.

Si necesitas esta aplicación para la asistencia eléctrica LIHEAP en español, por favor llamar al 239-533-7900

Please check once you have provided the required information

Identification information

1	Photo ID: for all household members age 18 and over. ID must have a Date of Birth.
2	Children's ID: for all children under 18 we need a Birth Certificate, WIC record or shot record
3	Social Security Card: for all household members

Income Information for all household members 18 and over
 Entire house's gross income within the last 30 days.
 No Bank statements will be accepted.

4	Wages: If you work for cash please fill out in self-declaration section.
5	VOE: Verification of Employment form used if you do not have a paycheck or proof of gross pay. If a VOE is needed you can request it be sent to you.
6	Social Security, SSI, VA: We need CURRENT award letters showing your gross award
7	Pension: Current benefit statement with gross benefit amount listed
8	Unemployment: Verify current gross rate online / Please provide Pin#: _____
9	Child Support: last 30 days / cannot accept bank statement's
10	TANF submit award notice
11	Self-Declaration section complete for all individuals 18 and over.
12	Food Stamp award letter showing your benefit & household members

Where you live and who your electric company is

13	Lease shelter statement or proof of homeownership
14	Electric bill(current bill or deposit account number) If your LCEC bill is in someone else's name, please provide PIN#: _____
15	Utility Allowance: if you are receiving Section 8 and a utility allowance. You must provide proof that you have paid this allowance to your utility bill each month before we can assist.
16	Please initial that you have read all the necessary paperwork to process your application.

Low Income Home Energy Assistance Program application will be processed within 15 working days, if funds are available. Action will be taken within 18 hours of the receipt of a crisis or past due bill provided all information is submitted with your application.

If you are in danger of having your electric shut off, you may need to work out an arrangement with your electric company. FPL : (239) 334-7754 LCEC: (239) 656-2300

Even though you are applying for electric assistance you must continue to pay your bill. If approved it will take several weeks for the electric company to receive our check. If you stop paying you could be charged a new deposit or get disconnected. You will continue to be notified of your bill until the utility company receives the LIHEAP check.

Additional resources may be available to you.

- You are encouraged to contact the United Way 211 at 239-433-3900 for a list of possible referrals.
- Lee County Department of Human and Veteran Services may also be of assistance if you suffered a loss of income or medical crisis (239) 533-7900.



Lee County Department of Human & Veteran Services
2440 Thompson Street Fort Myers, FL 33901
Low Income Home Energy Assistance Program Application

E-mail your application to LIHEAP@leegov.com, using your first and last name in the subject line. You may also mail or bring in your application. Do not fax this application in.

Expires: _____

CMO Date _____ ID _____

FOR OFFICE USE ONLY: CMO

Application received date: _____ Verified Name: _____

In order to process please note:

- This application is good for **30 days from the time of issuance**. If received after 30 days it will be considered expired and not processed. You will receive notification that it was not accepted.
- The person this application was issued to must be in the household or it will be considered invalid and will not be processed. You will receive notification that it was not accepted
- Your uniquely numbered application for the LIHEAP program must be complete and correct **with all questions answered and the last page signed and dated**.
- Applications will be accepted Monday through Thursday

FIRST NAME, MIDDLE INITIAL, LAST NAME	Relationship to applicant	Date of birth	Age	* Source of individual Income / Instructions Below	Social Security Number	Race	Hispanic <input checked="" type="checkbox"/>	Gender M/F	Last grade completed	* Medical Ins. # in instructions below	Veteran <input checked="" type="checkbox"/>	Disability <input checked="" type="checkbox"/>	US Citizen <input checked="" type="checkbox"/>	Work status: FT, PT, Other	How often paid: Daily/ Weekly/ Bi-Weekly / Monthly Etc	Income Before Taxes/Gross
1.	Self															\$
2.																\$
3.																\$
4.																\$
5.																\$

Total number of people living in the household # If you need more space for household members please continue to page 2. Total Household Monthly Gross Income \$

Home address: _____ Apt # _____ City & Zip: _____

Home Phone: _____ Other Phone: _____ E-mail address: _____

Mailing address if different: _____ Do you? Rent Own

****Medical Insurance: Enter number of type(s) of insurance(s) for each person above Example: *(2,3)****

1. Medicaid 2. Medicare 3. Veteran Medical 4. Private Insurance 5. I don't have any medical insurance

- * Source of Income: Enter number of income for each person above**
- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Food Stamps/SNAP \$ _____ | <input type="checkbox"/> 8. Alimony or Spousal Support | <input type="checkbox"/> 16. Annuity (including quarterly and annual) |
| <input type="checkbox"/> 2. Cash Assistance/ TANF \$ _____ | <input type="checkbox"/> 9. Social Security Retirement Benefits | <input type="checkbox"/> 17. Interest or Dividend Income |
| <input type="checkbox"/> 3. Working wages / paycheck | <input type="checkbox"/> 10. Social Security Disability (SSDI) | <input type="checkbox"/> 18. Rental Income (people rent from you) |
| <input type="checkbox"/> 4. Self-Employment /Cash earnings | <input type="checkbox"/> 11. Supplemental Security Income (SSI) | <input type="checkbox"/> 19. Contract for Deed Interest |
| <input type="checkbox"/> 5. Unemployment Compensation Benefits | <input type="checkbox"/> 12. Retirement Survivors Disability Insurance (RSDI) | <input type="checkbox"/> 20. Tribal Bonus, Judgements or Per Capita Payments |
| <input type="checkbox"/> 6. Workers' Compensation | <input type="checkbox"/> 13. Retirement Pension | <input type="checkbox"/> 21. Other: |
| <input type="checkbox"/> 7. Child Support | <input type="checkbox"/> 14. Veteran's Benefits Pension | <input type="checkbox"/> 22. Family /friend support - Explain how on Pg. 3 |
| | <input type="checkbox"/> 15. Long/short-term Disability | <input type="checkbox"/> 23. No Income- Explain how you pay your living expenses on Pg. 3 |



Additional household members: Use this space if you have more household members than you listed on page 1:

FIRST NAME, MIDDLE INITIAL, LAST NAME	Relationship to Applicant	Date of Birth	Age	Source of Individual Income / Instructions Pg. 1	Social Security Number	Race	Hispanic <input checked="" type="checkbox"/>	Gender M/F	Last Grade Completed	Medical Insurance Pg. 1	Veteran <input checked="" type="checkbox"/>	Disability <input checked="" type="checkbox"/>	US Citizen <input checked="" type="checkbox"/>	Work status: FT, PT, other	Income before Taxes	How often paid: Daily/Weekly/ Bi-Weekly / Monthly Etc..
7.																
8.																
9.																
10.																
11.																
12.																

Self-Declaration of Income and expenses

Please check appropriate boxes and provide information where indicated

For all individuals 18 and over Names		Employed have paycheck <input checked="" type="checkbox"/>	Self-Employment <input checked="" type="checkbox"/>	Work for cash <input checked="" type="checkbox"/>	Receive set monthly income : SSA, SSI, Disability, VA, Child Support <input checked="" type="checkbox"/>	Unemployment compensation <input checked="" type="checkbox"/>	No income or unemployed <input checked="" type="checkbox"/>	High School Student <input checked="" type="checkbox"/>	College Student <input checked="" type="checkbox"/>	If employed status: FT= Full time PT Part time or other?	If unemployed, last month and year worked?	If you receive Family /friend help. Who, how often and how much?	If your budget does not meet your expenses what income source do you use for your rent/mortgage?	If your budget does not meet your expenses what income source do you use for your transportation?	If you do not receive food stamps and your budget does not meet your expenses what income source do you use to purchase food?
		Self													
18+															
18+															
18+															

How did you hear about this program? LCEC/FPL Family/friend Previously accessed DH&VS Staff United Way Salvation Army Other _____



If you or anyone in your home is not a U.S. citizen or an alien lawfully admitted for permanent residence, give that person's name and alien status under the Immigration and Naturalization Act. We need to know this to calculate your benefit correctly.

Name:	Alien Status:
Name:	Alien Status:

HOUSING INFORMATION

How much is your rent/mortgage? \$	Are utilities included in your rent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you have? <input type="checkbox"/> Subsidized housing or <input type="checkbox"/> Private housing
Housing Type <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Private Home <input type="checkbox"/> Shelter		

Do you get a utility allowance? Yes No If **"YES,"** you are required to provide a copy of your Section 8 award letter and you must have applied this benefit to your electric bill.

Landlord Name	Address	Phone Number:	
Energy Provider : <input type="checkbox"/> FPL <input type="checkbox"/> LCEC	Name on the Account	Relationship to applicant	Customer's Account Number
			Pin if LCEC

Does the following situations apply to you? (Check **the box that applies to you**)

Electric: Heat Cool Both None Type: Central Air / Heating Wall unit No cooling in the home I heat with_____

Gas: Name:_____ Account Number _____ Heat Cool Both None

Propane: Name:_____ Account Number _____ Heat Cool Both None

Please enclose a copy of your fuel bill and name the company: _____ and note *we can only pay one company.*

Do any of the following situations currently apply to you? (Check **all the boxes that apply**)

My electricity has been disconnected My current electric bill is past due/delinquent I have a shut off notice from my electric company My bill is current

I need deposit assistance \$_____ If new account, we need the number here: _____ PIN: _____



Terms:

- I am responsible for providing accurate, complete and truthful information.
- I understand that if I provide incomplete or incorrect information or, if I falsify forms, I will have my benefits terminated, may be required to repay funds, and may be subject to a criminal investigation and possible prosecution.
- I understand information I provide is a public record according to the Florida Sunshine Law Chapter 119 & 668 (except for protected information like Social Security Numbers, etc.). This includes information sent electronically via email.
- I understand relevant information may be shared with or received from other agencies, including utility companies, my employer, the Work Number, landlords, mortgage companies, and the Clerk of Courts, to facilitate case management, referrals, and accurate financial records.
- Your signature below attests the information you provided in this application is truthful, complete, and accurate and that you understand and agree to the terms.
- Employees of the Lee County Department of Human and Veteran Services who know, or have reasonable cause to suspect, a child, vulnerable adult, and/or elder is being abused, neglected, abandoned, or exploited is mandated to report such knowledge or suspicion to the central abuse hotline (Florida Statute Chapters 39 and 415).
- Staff are mandatory reporters obligated by law to report any threat to self or others. This may include contacting law enforcement or The Department of Children and Families to keep you and others free from harm.

Confirmation of Receipt – I have received the following information: <input checked="" type="checkbox"/> (Check all the boxes that apply) <input type="checkbox"/> Energy Education – Information regarding changes you can make in order to reduce the energy consumption of your household. <input type="checkbox"/> Budget Counseling – Information regarding personal financial management. <input type="checkbox"/> Other referral sources Counseling – United Way 211, Lee County Intake if a loss of income or medical crisis (239) 533-7900 <input type="checkbox"/> WAP (305) 245-7738 x 237- Weatherization Assistance Program helps homeowners reduce overall energy cost with repairs	
FRAUD STATEMENT: The information above is true, accurate 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, medical needy or children reside. I authorize the agency to make benefit payments directly to my energy supplier. I am aware that if I am applying for crisis assistance, the agency has 18 hours upon receipt of my application to take an eligible action, and, if I am applying for Home Energy Assistance, the agency has 15 days to approve or deny my application. 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 appeals hearing.	
Applicant Signature: 	Date:
AUTHORIZED REPRESENTATIVE: An "Authorized Representative" is someone you give permission (in writing) to act for you	
Relationship :	
Representative Printed Name:	Best contact: Phone number or E-Mail
FOR OFFICE USE ONLY:	
Case Name:	NewGen #:
Eligibility Staff Signature:	Date
<input type="checkbox"/> HOME ENERGY = LR <input checked="" type="checkbox"/> SUMMER CRISIS = LCC <input type="checkbox"/> WINTER CRISIS=LCH <input type="checkbox"/> WEATHER RELATED/SUPPLY= LD	CSN #:
<input type="checkbox"/> Approved LR \$: LCC \$: LCH \$: <input type="checkbox"/> Denied <input type="checkbox"/> Pending info. <input type="checkbox"/> Over Income <input type="checkbox"/> Already received <input type="checkbox"/> Other:	
Date if benefit received in last 18 mo: LR: LCC: LCH:	
Supervisor Review Signature:	Date



Lee County Department of Human & Veteran Services

DEO Directive IM-20-01 COVID-19

Please complete this section for each adult currently unemployed due to Coronavirus (COVID-19)

Applicant's Name: _____

Names of household members over 18 out of work due to <i>Coronavirus (COVID-19)</i> . Start with Self if applicable.	Last day of work	Last pay date	Have you applied for Unemployment benefits? Y or N	Name of last employer	Phone Number
1.					
2.					
3.					
4.					
5.					

If you were approved for Unemployment Benefits please supply your letter of approval or your 4 digit pin _____

Applicants/Recipients must read the following and sign below

I certify that I have no other way to document my income and that all of the above information is true and correct. I understand that this information is to be used to determine my household eligibility. I understand that program officials may verify information on this form. I also understand that if I intentionally misrepresent my income, I may have to repay benefits received and may be prosecuted under State law.

Signature of Applicant: _____

Date: _____



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.

SERVICE ADDRESS FOR UTILITY:	
NAME OF UTILITY SERVICE PROVIDER:	
UTILITY ACCOUNT NUMBER:	
PHONE NUMBER FOR UTILITY ACCOUNT:	

<p>SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER</p> <p>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</p>
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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: Lee County Department of Human and Veteran Services

PHONE: (239) 533-7900

AGENCY CASEWORKER: Sandy Bartz Judy Hensley Irene Jordan Other: _____

AGENCY CASEWORKER'S SIGNATURE: _____

DATE: _____

**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 **Lee County Department of Human and Veteran Services** 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