

Appointment Information

Your appointment for energy assistance at CSP has been set for

_____ 2015 at _____ a.m./p.m.

Date _____ scheduled by _____

- | | | |
|--------------------------|-------------------|---|
| <input type="checkbox"/> | Bibb County | 200 Second Street, Centreville 35042 |
| <input type="checkbox"/> | Choctaw County | 129 N. Mulberry Ave, Butler 36904 |
| <input type="checkbox"/> | Fayette County | 316 Second Avenue N E, Fayette 35555 |
| <input type="checkbox"/> | Greene County | 116 Prairie Avenue, Eutaw 35462 |
| <input type="checkbox"/> | Lamar County | 145 Columbus Avenue, Vernon 35592 |
| <input type="checkbox"/> | Sumter County | 106 Hospital Dr Ste 103, Livingston 35470 |
| <input type="checkbox"/> | Tuscaloosa County | CSP - 601 Black Bears Way, Tuscaloosa 35401 |
| <input type="checkbox"/> | Tuscaloosa County | TES - 1705 15 th Street, Tuscaloosa 35401 |

To complete your application, you must bring the items listed below. Please bring this letter with you on the date of your appointment.

- **Monthly Income** (previous month). All household members 18 years old and older must provide income or verification of no income. Please see Sources of Income on page 2 for a listing of acceptable forms of income.
- **Social Security Cards** (for all members in your household).
- **Picture ID** (for applicant)
- **Current Utility Bill**. Your name, your spouse's name or landlord's name **MUST** be on the bill. **NO EXCEPTIONS.**
- **Birth Certificate** (for children age five years and younger)
- **Custodial/Guardianship Order** (If you have custody/guardianship of a person living in your home, you must show proof of custody)
- **Doctor's Statement** (if you have a health condition that will cause you harm if services are interrupted, please provide verification from your doctor. Persons 60 years and over are not required to provide statement). Verification will also be accepted from a social worker or attorney for SSI disability.

Please note that if you are more than five minutes late for your appointment you may not be assisted. If you cannot keep your appointment, please call the CSP Call Center at (205)758-4756 or toll free 1-855-211-0950. *CSP will not discriminate against any individual or group because of race, religion, sex, national origin, color, marital status, political beliefs or disability*



Community Service Programs
of West Alabama Inc.
601 Black Bears Way
Tuscaloosa, Alabama 35401
www.cspwal.com

Sample



COMMUNITY SERVICE PROGRAMS OF WEST ALABAMA, INC.

Low Income Housing Energy Assistance Program (LIHEAP)

Bibb County	200 Second Street, Centreville 35042	205-926-9384
Choctaw County	129 N. Mulberry Ave, Butler 36904	205-459-3964
Fayette County	316 Second Avenue N E, Fayette 35555	205-932-3218
Greene County	116 Prairie Avenue, Eutaw 35462	205-372-4562
Lamar County	145 Columbus Avenue, Vernon 35592	205-695-9573
Sumter County	106 Hospital Dr Ste 103, Livingston 35470	205-652-1346
Tuscaloosa County	601 Black Bears Way, Tuscaloosa 35401	205-752-5429

What is LIHEAP

The Low-Income Home Energy Assistance Program (**LIHEAP**) is a federally funded program administered by the Alabama Department of Economic and Community Affairs (**ADECA**). **LIHEAP** is funded through a grant from the U. S. Department of Health and Human Services. **ADECA** contracts with Community Action Agencies and local nonprofit agencies to deliver **LIHEAP** to low-income households throughout the state.

Community Service Programs of West Alabama, Inc. administers the **LIHEAP** program in Bibb, Choctaw, Fayette, Greene, Lamar, Sumter and Tuscaloosa counties.

To receive assistance, you **MUST** provide:

- 1 **VERIFICATION OF ALL INCOME**, from **ALL** sources for last month for:
ALL household members 18 years old and over
Children who receive governmental benefits and/or child support
Adults who receive governmental benefits
 - 2 **SOCIAL SECURITY CARDS** and dates of birth for **ALL** household members
 - 3 **BIRTH CERTIFICATES** for children age **5 years and younger**
 - 4 **PICTURE ID** for head of household (person applying)
- UTILITY BILL**
Bill must be the most current bill
- 5 **YOUR NAME OR YOUR SPOUSE'S NAME** must match the **ACCOUNT NAME**. **NO EXCEPTIONS**
October 1 through May 31 – Heating bills
June 1 through September 30 – Power bills **ONLY**

CSP Mission Statement

CSP provides resources and services which resolve immediate needs and lead to long-term, self-sufficiency in low-income and vulnerable populations.

Sources of Income

Please provide **ONE** of the following for **EACH** adult.

- 1 Updated Tenant Data Sheet from Housing Authority.
- 2 Letter from church pastor/religious official on church letterhead verifying income for adult(s) in home. See sample below for wording.
- 3 Computer generated Notice of Action Form (from DHR)
- 4 Letter/form from a case worker, social worker or doctor's office verifying income for adult(s) in home.
- 5 Bank statement showing social security/SSI direct deposit for current year.
- 6 **ALL** employment check stubs for **LAST** month.
- 7 Unemployment letter indicating weekly benefits amount.
- 8 Verification from school personnel that child is unemployed (school schedule is not verification of income, only enrollment) and still enrolled in school.
- 9 Letter from attorney verifying pending disability application.
- 10 Verification from Social Security Administration or Career Center of unemployment.

Income Guidelines

Household Family Members	Maximum Monthly Income
1	\$1458
2	\$1966
3	\$2473
4	\$2981
5	\$3488
6	\$3996
7	\$4503
8	\$5011
For additional household members	
add	\$508 each
<i>Household gross monthly income cannot exceed the guidelines.</i>	

What if...

I do not have all my check stubs from last month.

Obtain a letter that specifies your gross income from job for last month, signed by supervisor or Human Resource personnel with phone number.

I do not work but I am married and my spouse does.

Provide **ONE** of the items listed in the Sources of Income box on page 2 for you **AND ALL** check stubs for last month for your spouse.

I have a child who lives in my home that is 18 years old.

Provide **ONE** of the items listed in the Sources of Income box on page 2 below for your child.

I have a child who lives in my home that is 18 years old but is a full-time student and does not work.

Provide documentation from school personnel that your child is not employed and currently enrolled in school.

I have applied for disability benefits but I have not been approved yet.

Provide **ONE** of the items listed in the Sources of Income **OR** obtain a letter from the Social Security office verifying you have applied for disability.

I have applied for disability benefits and I was denied.

Provide **ONE** of the items listed in the Sources of Income on page 2.

I am unemployed and my only income is my child's social security, SSI, or child support.

Provide **ONE** of the items listed in the Sources of Income box for you **AND** verification of your child's monthly income.

I have custody/guardianship for a person living in my home.

Court Order establishing custody/guardianship **MUST** be provided.

I do not have the utility bill in my name or my spouse's name.

Before your scheduled appointment, you **MUST** report this information to the utility company and get a summary of the cost to change the bill to your name or your spouse's name at your current address.

I only worked part of last month.

Please provide check stubs for the part of the month worked and verification of income for the part of the month you did not work. See page 2, Sources of Income box.

I have been or will be disconnected at the time of my appointment.

Obtain verification from the utility company of the amount needed to restore service at your current address.

I am establishing service for the first time.

Obtain verification from the utility company of the amount needed to establish service at current address.

Second Party Permission

I give, _____, permission to make application for the Energy Assistance Program for my household. I am/my spouse is
 60 years older or older or Disabled

Signature of Head of Household or Spouse

Date

Witness, if signed by mark (X)

Date

Sample Income Verification

I, _____, am aware that _____
 name of reference adult's name
 had no income for the month of _____. If you have additional questions, you
 last month and year
 may contact me at _____.
 telephone number