



**Low Income Home Energy Assistance Program (LIHEAP)
2021 Mail-In Heating Application**

Catholic Charities Delaware Energy Assistance Program (DEAP) will accept applications for the 2021 LIHEAP heating season beginning July 1 through March 31.

Catholic Charities offices have restricted access due to the Public Health State of Emergency in Delaware. If you wish to apply for 2021 LIHEAP heating assistance, you will need to complete, sign, and submit the attached application, as well as provide copies of the required documents listed on page 2 of this cover memo.

Prior year LIHEAP applicants may submit their 2021 LIHEAP application in one of the following ways:

- mail, fax or drop off (each location has a drop box) at one of the three DEAP locations:

NEW CASTLE

2601 W. 4th St.
Wilm., DE 19805
Fax: 302-654-9757
PH: 302-654-9295

KENT

2099 S. DuPont Highway
Dover, DE 19901
Fax: 302-531-0850
PH: 302-674-1782

SUSSEX

404 S. Bedford St., Ste. 9
Georgetown, DE 19947
Fax: 302-856-6332
PH: 302-856-6310

- Applications mailed, faxed, or dropped off will be processed in the order they are received.

Prior year LIHEAP applicants may also choose to call and schedule a “curbside” in-person appointment and bring their documents to the appointment.

New LIHEAP applicants must call their county office to schedule a “curbside” in-person appointment and bring their documents to the appointment.

If you would like an appointment, we encourage you to call early in the season. The offices get busy once the weather gets cold.

Page 2 of this cover memo contains important reminders and the required document list.

ENCLOSURE: LIHEAP Winter Application

REMINDERS FOR LIHEAP CLIENTS

Your application CANNOT be completed if ANY information is missing.

PLEASE BE REMINDED that the benefit amounts and when they are released MAY CHANGE from year to year. This program is NOT MEANT TO PAY ALL YOUR ENERGY COSTS, and you should continue to pay your heating bills until you receive your Eligibility Letter. YOU MUST PAY any amount due that EXCEEDS your benefit or you risk account termination/disconnection. CONTINUE TO PAY your budget or deferment plans, as you are under contract with your energy vendor to do so.

PLEASE BE REMINDED that Eligibility for LIHEAP does NOT guarantee a benefit will be paid. LIHEAP funding is limited and its availability is dependent on the number of clients that apply. We encourage clients to complete the LIHEAP application process in order to also be eligible for other supplemental programs such as Summer Cooling, Crisis, Weatherization, etc.

INFORMATION ON DOCUMENTS FOR THE WINTER LIHEAP PROGRAM:

- Photo ID for all adults
- Social Security cards (or letter from the Social Security office showing the Soc. Sec. #) must be provided for ALL household members over 6 months of age. **NO OTHER TYPE OF PROOF OF SOC. SEC. # WILL BE ACCEPTED. IF YOU ARE NOT SURE YOU HAVE PROVIDED A SOC. SEC. CARD IN THE PAST, PLEASE SEND A COPY WITH YOUR APPLICATION.**
- Proof of U.S. Citizenship (birth certificate; passport or passport card; Native American tribal card; certificate of naturalization; certificate of citizenship).
- Proof of Qualified Alien status (lawful permanent resident, cross border North American Indian, asylee, refugee, Cuban/Haitian entrant; paroled into U.S. for at least one year; deportation being withheld; battered immigrant spouse/children; victim of trafficking; members of armed services or veterans).
- Proof of Delaware residency (current driver's license or non-driver ID card; mortgage statement/lease/utility bill/cable bill/bank statement with DE address; federal or state government correspondence with DE address).
- Fixed Income - Social Security, SSI, Veteran's Assistance Award Letter or a bank statement showing direct deposit amount; proof of pension.
- Variable Income - Paystubs for the last 3 months, or year-to-date pay stub if household member has worked at the same company for 1 year or more; proof of tax records for self-employed
- Current electric, natural gas and propane bills with current address and account numbers.
- Proof of Unemployment Compensation or Child Support (12-month printout).
- Proof of the amount of Temporary Assistance for Needy Families (TANF) – e.g. copy of check, food stamp award letter, etc.; or General Assistance (GA) – e.g. copy of check, etc.
- If a household member is 18+ and in college, please provide a current class schedule.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM YEAR 2021

CATHOLIC CHARITIES, INC.

NEW CASTLE: 302-654-9295 • **KENT:** 302-674-1782 • **SUSSEX:** 302-856-6310

WINTER APPLICATION PERIOD July 1, 2020 – March 31, 2021

NAME: First	Last	M.I.	CODE: M WI
ADDRESS:			Apt./Lot#
CITY:	ZIP:	PHONE #	

LIST ALL HOUSEHOLD MEMBERS (Including Boarders)

NOTE: Social Security card, AND Birth Certificate, AND Driver's License or ID is REQUIRED for EACH household member.

NAME Put your name in #1*	SEX	RACE	Disabled Y/N	SOCIAL SECURITY #	BIRTH DATE	U.S. Citizen/ Qualified Alien/ Other	RELATION TO YOU	MONTHLY INCOME
1.							SELF	
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Use an (X) to indicate your income and income of ALL other HOUSEHOLD members:

You MUST attach CURRENT YEAR COMPLETE COPIES of all documents as proof of household income (Check or Bank statement; Pension statement, etc.). Documents cannot be returned due to postage costs.

- | | | |
|--|---|--|
| <input type="checkbox"/> Social Security/SS Disability | <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Unemployment / Workers Comp. |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Interest Paid Out | <input type="checkbox"/> Employment (include 3 MONTHS
of CURRENT pay stubs) |
| <input type="checkbox"/> Pension/Retirement | <input type="checkbox"/> TANF / GA / CS / Other | |

Use an (X) to indicate the type of HEAT in your home:

You MUST attach CURRENT COPIES of your PRIMARY HEATING AND ELECTRIC bill.

- Fuel Oil
 Electric
 Kerosene
 Natural Gas
 Propane
 Wood or Pellets

ENERGY STATUS: Out
 Disconnected
 Disconnection Notice
 Past Due Notice
 less than 25% Fuel

List Your HEATING company: _____ **Account #** _____

List your Electric Company: _____ **Account #** _____

Name on your HEAT and/or ELECTRIC bill, if NOT a Household Member: _____

The LIHEAP Application is Continued on the Next Page

LIHEAP Application Continued:

DWELLING: Mobile Home Single Family Apartment Town/Row house

Do you **RENT** or **OWN** your home? How much do **YOU** pay in: RENT \$ MORTGAGE \$

***You Must Provide **Complete Current copies** of your lease, subsidized rent recertification, a Landlord Verification form, or proof of home ownership.*

RENTERS: Is rent subsidized? YES NO; Is heat included in rent? YES NO;

Do you receive Food Stamps? YES NO

Are you interested in Weatherization? YES

I certify I have checked the information on this application, and it is true and correct. • I agree to notify this LIHEAP service provider of any changes in this application within 10 days. • I certify this is the only application submitted from or on behalf of my household. • I understand it is against the law to make false statements, and I am subject to prosecution if I do. • I understand the right to a fair hearing, if I am dissatisfied with the application process or eligibility decision. • I authorize the Department of Health and Social Services (DHSS) and its LIHEAP service providers to obtain information about my utility/heating costs, usage and billing history from my vendor(s). • I am the customer of record, the customer's authorized agent, or an authorized third party for the energy service account identified in this application, and I authorize my energy service provider to disclose my customer data: - Please note your energy service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking steps to ensure that the DHSS maintains the confidentiality of the data or uses the data as authorized by you. - You further agree to hold harmless and/or release your energy service provider from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such data disclosure.

- I authorize this LIHEAP service provider to refer my application to programs within state agencies as deemed beneficial to my household.
- Eligibility for LIHEAP does not guarantee a benefit will be paid to your heating vendor.

X

Signature

DATE: _____

***Please make sure you complete, sign, date and attach all required documents.
If not complete, processing your application will be delayed and you may not receive a benefit.***

Funded by the United States Department of Health and Human Services through the Delaware Department of Health and Social Services, Division of State Service Centers, and the Office of Community Services (HHS/DHSS/DSSC/OCS).