



ALABAMA COUNCIL ON HUMAN RELATIONS, INC.

P. O. BOX 3770/950 SHELTON MILL ROAD AUBURN, AL 36831-3770

PHONE 334-821-8336 FAX 334-826-6397

20161023c
2023-24

EMERGENCY SERVICES PROGRAM UTILITY/WATER ASSISTANCE APPLICATION

NOTICE: APPLICATIONS ARE FOR 65 AND OVER. ANYONE UNDER THE AGE OF 65 MUST UPLOAD ALL OF YOUR DOCUMENTATION ONLINE TO: https://littliteal.azurewebsites.net

Name: Phone: SS#

LAST FIRST

Ethnicity: Hispanic Not Hispanic Type of Service: SNAP WIC Head Start
(Spanish Origin) (Not Spanish Origin)

Type of Insurance: Medicare Medicaid Military Employment State Adult State Child Dir. Purch.

ALL of the following items MUST be attached to application. Incomplete applications will not be processed.

Table with 4 columns: YES, Document Needed, YES, Document Needed. Rows include: 1. Application pertaining to the program applied for (LIHEAP, ABC, EFSP, CSBG, SPIRE); 2. DUE TO COVID-19: COPY OF PICTURE IDENTIFICATION; 3. DUE TO COVID-19: COPIES OF SOCIAL SECURITY CARDS AND DATE OF BIRTH FOR EVERY HOUSEHOLD MEMBER; 4. INCOME VERIFICATION for the 'PREVIOUS' month for the household; 5. UTILITY BILLS; 6. RENT OR MORTGAGE; 7. DOCUMENTATION OF NEED.

Check and attach documentation as it applies to applicant

Table with 6 columns: YES, NO, Document Needed, YES, NO, Document Needed. Rows include: 1. SECOND PARTY AUTHORIZATION; 2. MEDICAL STATEMENT; 3. ACHR EMPLOYEE or RELATIVE; 4. FOLLOW UP DOCUMENTED.

Table with 3 columns: APPLICATION STATUS, Initial (ACHR, Emg.Ser). Rows include: 1. Application taken and is ready for approval; 2. Application not accepted; 3. Client was counseled by telephone; 4. A survey/needs assessment was mailed.

ACHR's Emergency Services Programs, its agents, partners and funding sources do not discriminate on the basis of race, color, sex, sexual orientation, age, religion, national origin, disability, or marital status. If you, the applicant, are not satisfied with our decision about your application you can ask for a conference with us and/or a formal hearing.

*Completing an application through ACHR's Emergency Services Programs does not guarantee assistance

Client Signature/Date: ACHR Rep. Signature/Date:
Comments if any:
Date Application Received: Worker Checked Application In:

We must have your signed application (3 pages; 4 for Water Assistance) and all required documentation to assist your household. Your signature represents your approval for your household's information to be placed into FACSPRO/LITT, SPIRE and Charity Tracker (Local, State and Federally Approved Content Management Systems).



ALABAMA COUNCIL ON HUMAN RELATIONS, INC.

P. O. BOX 3770/950 SHELTON MILL ROAD AUBURN, AL 36831-3770

PHONE 334-821-8336 FAX 334-826-6397

20161023c
2023-24

Alabama Council on Human Relations, Inc. Emergency Services Programs Post Office Box 3770 950 Shelton Mill Road Auburn, Alabama 36831 (334) 821-8336
APPLICATION EMERGENCY ENERGY SUPPORT
1. Case # (County, Member ID): Control #:
Program Name:
Energy Assist Type:
Form Control: Batch Control:
2. Applicant First Name MI Applicant Last Name Age 3. Tel: Emgy:
CUSTOMER ACCOUNT ADDRESS HOUSEHOLD MAILING ADDRESS
4. Dwelling # 5. Residence Street Name 6. Apt/Lot 10. Street and Number: P.O. Box; RFD
7. Residence City 8. State 9. Residence Zip 11. City 12. State 13. Residence Zip
Number of persons in household who are: 18 years of age or younger: 19 years of age or older: Migrant/Seasonal Worker
Has dwelling ever received any weatherization assistance from a previous federally funded weatherization Date:
Area: Residence is
Type of Structure: Does the government pay any of the rent or house payment?
14. Ethnic Group 15. Sex (Applicant) 16. Previous LIHEAP Benefits
17. Household Size 18. Household Monthly Income 19. Utility allowance received through rent reduction or payment: Amount: (12 months average)
20. Household member who is: Elderly (60 or over) Disabled Native American Child
21. Primary Heating Fuel Primary Cooling Fuel Primary Heating Source

22. Household members

23. Verification/Remarks

Table with columns: HH, Name, Age, SSN, Income, Date

24. Status Awarded

Date

Comments/Explanations:

25. Payment(s) totaling will be made on behalf of the household to:

(Vendor Name) (Vendor Code) (Amount) (Account Name) (Account Number)

26. STATEMENT OF AFFIRMATION

I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give consent for this agency to verify the information I have given and for related outside sources to provide any information necessary in the completion of this application. I understand I am responsible for all related costs of the program not paid by the State. I understand that I am subject to all applicable Federal or State laws concerning fraud or if I knowingly provide false or incomplete information in order to obtain assistance.

27. Certification of Section 245A (Amnesty Aliens) and 210 A (Replenishment Agricultural Workers)

I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under section 245A or 210A of the immigration and Nationality Act as amended by the Reform and Control Act of 1986.

28. Customer is responsible for remaining balance



Emergency Services Program: Worker's Initials: _____

Applicant Signature [] Second Party?

LHEAP 101



EMERGENCY SERVICES PROGRAMS
LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

Water Assistance Client Consent Form
Auburn Water Works, Opelika Water Utilities
and Smith's Water Authority Residents Only

The Alabama Council on Human Relations, Inc. Emergency Services Program is assisting Auburn Water Works, Opelika Water Utility and Smith's Water Authority households on their water bills. At this time, we are unable to assist all Lee County residents because we have not received a signed Low-Income Household Water Assistance Program Agreement (LIHWAP) from all Lee County water utility companies. If you are an Auburn Water Works client, an Opelika Water Utility client or a Smith's Station Water Authority client, and you need assistance on your water bill, please complete and submit this form with this application and include your water bill with your heating bill during the time of your appointment.

Statement of Affirmation:

I understand I am responsible to continue paying my bill(s) and to pay for any balance of a bill after Alabama Council on Human Relations, Inc., has made a payment on my behalf.

I hereby give consent for this agency to verify the information I have given and for related outside sources to provide any information necessary in the completion of this application. I understand I am responsible for all related costs of the program not paid by Alabama Department of Economic and Community Affairs or Alabama Council on Human Relations, Inc.

I am the customer of record or the customer's spouse for the utility company and/or supplier that provides my household's home energy, heat source, drinking water, or wastewater services.

I authorize my utility company and/or my supplier to disclose my customer data (including, but not limited to, cost, consumption, and billing data) to the Alabama Department of Economic and Community Affairs and to Alabama Council on Human Relations, Inc. for the purposes of verification, analysis, and reporting.

I agree to hold harmless and/or release such companies from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

[Signature line]

Signature

[Date line]

Date

[Printed Name line]

Printed Name