



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

2022-23

EMERGENCY SERVICES PROGRAM UTILITY APPLICATION

NOTICE: BEGINNING IN OCTOBER 2023, ANYONE UNDER THE AGE OF 70 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.

YES	Document Needed	YES	Document Needed
	1. Application pertaining to the program applied for (LIHEAP, ABC, EFSP, CSBG, SPIRE)		2. DUE TO COVID-19: COPY OF PICTURE IDENTIFICATION (for Head of Household)
	3. DUE TO COVID-19: COPIES OF SOCIAL SECURITY CARDS AND DATE OF BIRTH FOR EVERY HOUSEHOLD MEMBER (ACHR Staff make copies for files)		4. INCOME VERIFICATION for the "PREVIOUS" month for the household (Check stubs, SS/SSI printout, Current: Unemployment printout, Retirement printout, State Food Stamp (SNAPS) printout)
	5. UTILITY BILLS: (Gas, Electricity, Propane)		6. RENT OR MORTGAGE (HUD/Public Housing/Section 8/HUD)
	7. DOCUMENTATION OF NEED: (Receipts, Statement on Authentic Letterhead, State Documentation, etc.)		

Check and attach documentation as it applies to applicant

YES	NO	Document Needed	YES	NO	Document Needed
		1. SECOND PARTY AUTHORIZATION (We must bring signed written permission along with photo ID for self and head of household applicant)			2. MEDICAL STATEMENT (Statement from Doctor's office or a Pharmacy Printout)
		3. ACHR EMPLOYEE or RELATIVE (Specify: Employee, Spouse, Parent or Child)			4. FOLLOW UP DOCUMENTED (Follow-up Assistance Form Mailed; keep copy with date mailed)

APPLICATION STATUS		Initial	
ACHR Rep must initial each section as applicable		ACHR	Emg.Ser
1.	Application taken and is ready for approval. All required documentation is attached		
2.	Application not accepted. All required documentation was not provided. Documentation was returned to client via mail and reason for denial was explained.		
3.	Client was counseled by telephone concerning his/her need for assistance.		
4.	A survey/needs assessment was mailed to the client with award letter.		

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. If you want a formal fair hearing, you must make your request in writing. You must make your written request within 45 days from the date you were informed of our decision concerning your application. Your application will be properly reviewed to determine eligibility based on the required documents provided.

***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:		

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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) Native American		Disabled Child		21. Primary Heating Fuel Primary Cooling Fuel Primary Heating Source	

22. Household members**23. Verification/Remarks**

HH	Name	Age	SSN	Income	
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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 HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

CLIENT HOME ENERGY DATA REQUEST WAIVER

I, [REDACTED], am the customer of record, the customer's spouse, or an authorized agent/third party for the utility company and/or the fuel supplier that provides my household's home energy. I authorize my utility provider and/or fuel supplier to disclose my customer data (including, but not limited to, energy cost, consumption and billing data) to the Alabama Department of Economic and Community Affairs for the purpose 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.

Summer

The utility provider that provides electricity for my household is:

Company name: _____

My account number is: _____

Winter

My household's primary heating provider is:

Company name: _____

My account number is: _____



Applicant Signature

Date _____