



**TOTAL COMMUNITY ACTION, INC HOUSING ENERGY PROGRAM APPLICATION
INCLUDING LOUISIANA HOME ENERGY ASSISTANCE/SWBNO ASSISTANCE
(ALL INFORMATION AND QUESTIONS ARE REQUIRED TO BE COMPLETED)**

Acceptance Date Stamp

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LEGAL LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____ ZIP CODE _____ HOUSING TYPE OWN RENT HOMELESS HOTEL/MOTEL OTHER

MAILING ADDRESS (if different from street address) _____ EMAIL ADDRESS _____

PRIMARY CONTACT NUMBER _____ SECONDARY CONTACT NUMBER _____ PRIMARY LANGUAGE _____

2. HOUSEHOLD MEMBER /INCOME INFORMATION (Please use the codes below to complete individual data)

MEMBER INFO CODES	RELATION OF HEAD HOUSEHOLD	RACE	HEALTH INSURANCE	MARITAL STATUS	HIGHEST LEVEL EDUCATION	DISABILITY	EMPLOYMENT STATUS	INCOME SOURCES	
	0=Head of Household 1=Spouse 2=Child 3=Foster Child 4=Grandchild 5=Parent 6=Grandparent 7=Other Relation 8=Not Related	1=White 2=Black/Af Amer 3=Hispanic 4=Asian 5=Native American 6=Native Haw or Pac Islander 7=Biracial 8=Multi-Racial 9=Haitian 10=Arabic 11=Japanese 12=Other	1=Medicare 2=Medicaid 3=Private 4=Veteran 5=Employer 6=None 7=Unknown	1=Single 2=Unmarried, living together 3=Married, separate 4=Married, together 5=Divorced 6=Widowed	1=0-8 th grade 2=9 th -12 th non grad 3= HS Graduate 4=12+ some post sec 5=2-4 year grad/beyond	Y=Yes N=No	1=Full time 2=Part time 3=Migrant/Farm 4=Underemployed 5=Unemployed less 6 months 6=Unemployed more 6 months 7=Seeking Work 8=Retired 9=Not Available 10=Other	1=Gross Salary/Wage 2=Net Self Employment 3=Net Social Security 4=Railroad Retirement 5=Unemployment Comp 6=Strike Benefits 7=Workman Comp 8=Veteran's Payments 9=Training Stipend 10=Alimony 11=Military Family Allotments 12=Private Pensions	13=Government Employment Pensions 14=Regular Insurance or Annuity Payments 15=Dividends & Interests 16=Net Rental Income 17=Net Royalties 18=Net Gaming Winnings 19=TANF Cash Assistance 20=SSI Benefit 21=Contributions 22=No Income

*Disconnected Youth is a member of the household age 14-25 who is neither working or in school

NAME (First MI Last)	RELATION TO HEAD OF HOUSHOLD	GENDER (circle one)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	HISPANIC, LATINO, OR OF SPANISH ORIGIN	RACE	HEALTH INS	MARITAL STATUS	HIGHEST LEVEL OF EDUCATION	DIS-ABILITY	DISCONNCTED YOUTH*	MILITARY STATUS	EMPLOY MENT WORK STATUS	MEMBER INCOME SOURCE (write all sources that apply)
1		MALE FEMALE OTHER			YES NO						YES NO			
2		MALE FEMALE OTHER			YES NO						YES NO			
3		MALE FEMALE OTHER			YES NO						YES NO			
4		MALE FEMALE OTHER			YES NO						YES NO			
5		MALE FEMALE OTHER			YES NO						YES NO			
6		MALE FEMALE OTHER			YES NO						YES NO			
7		MALE FEMALE OTHER			YES NO						YES NO			
8		MALE FEMALE OTHER			YES NO						YES NO			

3. **HOUSEHOLD TYPE (CHECK ONE)**

<input type="checkbox"/> SINGLE PERSON	<input type="checkbox"/> SINGLE PARENT FEMALE	<input type="checkbox"/> TWO PARENT HOUSEHOLD	<input type="checkbox"/> MULTIGENERATIONAL HOUSEHOLD
<input type="checkbox"/> TWO ADULTS NO CHILDREN	<input type="checkbox"/> SINGLE PARENT MALE	<input type="checkbox"/> NON -RELATED ADULTS WITH CHILDREN	<input type="checkbox"/> OTHER _____

4. **HOUSEHOLD INCOME SOURCES** For each income sources listed in section 2, you must include proof of income documentation with this application.
 For **EMPLOYMENT INCOME**, provide copies of your check stubs for 30 days preceding this application, or provide a copy of your federal income tax return
 For **SELF-EMPLOYMENT INCOME** or **FARM INCOME**, provide a copy of your federal income tax return

5. **HOUSEHOLD NON-CASH BENEFITS**

<input type="checkbox"/> SNAP (Food Assistance)	<input type="checkbox"/> SECTION 8* MUST ATTACH CURRENT TENANT WORKSHEET
<input type="checkbox"/> WIC (Women, Infants, Children)	<input type="checkbox"/> PUBLIC HOUSING* MUST ATTACH CURRENT TENANT WORKSHEET
<input type="checkbox"/> LIHEAP (before application)	<input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING

7. **HOUSING TYPE (CHECK ONE)**

<input type="checkbox"/> SINGLE HOUSE	<input type="checkbox"/> BUILDING WITH 2-4 UNITS	<input type="checkbox"/> BUILDING WITH 5+ APARTMENTS	<input type="checkbox"/> OTHER _____
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8. **ELECTRIC COMPANY** ACCOUNT NUMBER _____ ACCOUNT NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD _____

9. **HEAT SOURCE**

<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> OTHER
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- THE FOLLOWING ARE REQUIRED TO BE SUBMITTED.**
- Current month copies of your utility bills (gas and/or electric)
 - Last four consecutive copies of check stubs for all household members over 18 years old.
 - Current Proof of other income (Social Security, Social Security Disability, Unemployment Insurance, Retirement and Pension Funds, etc.)
 - If Self Employed (Current income tax documents)
 - Current Food Stamp Printout (must be printed within 30 days)
 - Separation Notice or lay-off slip from previous employer (if applicable)
 - Proof of present address (rent receipt, lease, deed or bill other than energy bill.)
 - Utility allowance, (if applicable) via lease, signed resident worksheet for Section 8 and Tenant Housing
 - Copies of Driver’s license or picture ID of head of household and (his/ her) Social Security card
 - Proof of total members living in your household and copies of their Social Security cards
 - Additional information may be required to determine your eligibility for energy assistance.
 - **IF receiving contributions as income, complete contributions statement, available in office or online**
 - **If Zero Income for adults over 18, complete a Zero income form for each adult, available in office or online**

ASSURANCES

APPLICANT ASSURES THAT:

- * I have furnished true and correct information regarding household income and agree to promptly report any changes in the household income or number of individuals living at the listed address.
- * I grant the Agency and the LHC full permission to verify any and all information with both public and private sources or any entity, which may have furnished me, services.
- * I understand that if I receive services for which I am ineligible because of false information, I may be required to repay the LHC.
- * I understand that I have a right to request a fair hearing from the LHC if I feel that the decision regarding services requested is unfair or that my civil rights have been violated.

The contractor staff person completing this application has read these assurances to me; I fully understand this agreement and have been given an opportunity to ask questions.

- * I understand that by signing this document that I attest to the truth of all information provided (either verbally or in writing) to the LHC I further,
- * Certify that I live at the listed address and am responsible for payment of utility bills at that address.
- * Authorize utility supplier(s) to furnish billing records

AUTHORIZATION TO RELEASE INFORMATION:

I understand that the personal information furnished by me to process my LIHEAP application for assistance is confidential information. I understand that providing authorization to release information is not required for me to obtain services under the LIHEAP and is strictly voluntary. I authorize Louisiana Housing Corporation (LHC) to release or disclose all or parts of the information in my client file to outside sources for the purposes of statistical research only.

YES NO

By signing this application below, I acknowledge that I have read the above information and certify that all information that I have stated and documents I have provided are correct and accurate.

Applicant Signature
Date

ADDITIONAL CERTIFICATIONS

RIGHT TO AN APPEAL AND FAIR HEARING: If you believe that you have been treated unfairly or a mistake has been made about your eligibility for services; you have the right to request a fair hearing. This means that you will be given an appeal hearing by the LHC at which time you will be able to present your side for review by persons who will assure that you are treated fairly.

Before you request a fair hearing, you or your representative may discuss your concerns with a worker or supervisor of the contractor agency for an explanation of the reason for the agency's action. If you are still dissatisfied, you may request a fair hearing within 30 days after the agency's decision by competing and signing below and mailing this form to Louisiana Housing Corporation, 2415 Quail Drive – Baton Rouge, LA 70808. You will be notified of the date and place of the fair hearing at which time you can represent your self or authorize someone else such as legal counsel, relative or friend. I wish to request a fair hearing because.

FRAUD STATEMENT - LIHEAP (Low Income Energy Home Assistance Program) is a federally funded program that is administered by the State of Louisiana. Please be advised that it is a crime to submit false, misleading or incomplete information during the application process with the intent to receive or increase the amount of energy assistance benefit in accordance with the program guidelines. Consequences for submitting fraudulent information may include federal, state and/or local prosecution.

CIVIL RIGHTS: If you believe you have been discriminated against because of race, color, religion, sex, age, national origin, and/or handicapped condition, you may file a complaint either through the contractor agency or directly to Louisiana Housing Corporation, 2415 Quail Drive – Baton Rouge, LA 70808 or to the Bureau of Civil Rights, 546 Main Street, Baton Rouge, LA 70802, or to the EEO Commission, New Orleans District Office, 701 Loyola Ave., Room 600 New Orleans, LA 70113-0036.

By signing this application below, I acknowledge that I have read all of the above information, the certifications, and my rights as an applicant for services.

Applicant Signature
Date



Notice of Non-Discrimination:

Total Community Action, Inc. is an Equal Opportunity Employer/Program and will not discriminate against, nor deny benefits, deny employment, or exclude any person from participating any CSBG funded program or activity funded by TCA on the basis of race, color, national origin, religion, age, sex, disability, citizenship, veteran status, sexual orientation or political affiliation or belief. If you believe you have been discriminated against or would like to commend an employee for excellent customer service, please contact the EEO Officer of Total Community Action, Inc.

Regina Martin
EEO Officer
Total Community Action, Inc.
1424 So Jefferson Davis Parkway
New Orleans, LA 70125
(504) 872-0352
rmartin@tca-nola.org

FOR OFFICE USE ONLY

Assigned To

Date/Time

Assigned by