

# **Catholic Charities, Inc.**

## **Low Income Home Energy Assistance Program (LIHEAP)**

### **2023 LIHEAP Program Mail-In Reapplication Notice**

LIHEAP will accept applications for the next program year beginning this July through March 31<sup>st</sup>.

If you wish to apply for LIHEAP benefits, please complete the attached application and mail it, along with the required documents listed on page 2 of this cover memo, to one of the following county offices:

Kent County:  
Catholic Charities, Inc.  
2099 S. DuPont Hwy.  
Dover, DE 19901  
PH: 302-674-1782  
Fax: 302-531-0850

New Castle County:  
Catholic Charities, Inc.  
2601 W. 4<sup>th</sup> Street  
Wilmington, DE 19805  
PH: 302-654-9295  
Fax: 302-654-9757

Sussex County:  
Catholic Charities, Inc.  
404 S. Bedford St., Ste. 9  
Georgetown, DE 19947  
PH: 302-856-6310  
Fax: 302-856-6332

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

If you have questions or prefer to process your application in person, please contact one of the locations listed above.

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).
- Current electric, natural gas and propane bills with current address and account numbers.
- 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.
- 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 2023**  
**CATHOLIC CHARITIES, INC., 2099 South DuPont Highway, Dover, Delaware 19901**  
**NEW CASTLE: 302-654-9295 • KENT: 302-674-1782 • SUSSEX: 302-856-6310**  
**WINTER APPLICATION PERIOD July 1, 2022 - March 31, 2023**

NAME: First \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_\_ CODE: M WI

ADDRESS \_\_\_\_\_ Apt./Lot # \_\_\_\_\_

(Required)

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.**

☐ Social Security/SS Disability    ☐ Veteran's Benefits    ☐ Unemployment / Workers Comp.  
☐ Supplemental Security Income    ☐ Interest Paid Out    ☐ Employment (include 3 MONTHS  
☐ Pension/Retirement    ☐ TANF / GA / CS / Other    of CURRENT pay stubs)

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

*If yes, please call the Catholic Charities office in the county where you live.*

Are you applying for the arrearage program? YES NO

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 LIHEAP service providers 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).*