

# State of Alabama

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

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### Policy Manual

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(Subject to Revision)

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*Revised  
August 2024*



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## **1. Introduction and Use of Funds**

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The Home Energy Assistance Act of 1981 (Title XXVI) as amended authorizes the Secretary of Health and Human Services to make block grants, in accordance with provisions of the Act, to states to assist eligible households to meet the costs of home energy. By designation of the Governor, the Department of Economic and Community Affairs (State Office) is responsible for all funds received or to be received under the title except where a recognized Alabama Indian Tribe receives direct Low-Income Home Energy Assistance Program (LIHEAP) Federal funds to serve Indian households.

Unless specified otherwise in this Policy Manual, consider Indian households in the MOWA Band of Choctaw Indians, Ma-Chis Lower Creek, United Cherokee Ani-Yun-Wiya Nation and the Poarch Band of Creek Indians to be served through tribal LIHEAP funds and not by the Department of Economic and Community Affairs.

The local LIHEAP agency is responsible for making the decisions regarding the eligibility of each household seeking assistance under the LIHEAP. Any person, whether seeking aid for himself or on behalf of a household, or making an inquiry for information only, shall be informed about the eligibility requirements and the rights and obligations of applicants under the program.

All decisions concerning the LIHEAP must be in keeping with laws governing the program and with the rules made available by the Department of Economic and Community Affairs. The local staff must, therefore, be thoroughly familiar with all requirements, policies, and regulations in this Policy Manual relating to eligibility.

The purpose of the LIHEAP is to assist eligible households in meeting the rising costs of home energy. Vendor payments will be made on behalf of households eligible for the LIHEAP. No payments under this program are to be made directly to a household except as specified in the Policy Manual. No payments on behalf of an eligible household shall exceed the amount as set out in the Payment Assistance Chart except where specified in the manual.

The use of LIHEAP funds shall be in keeping with Title XXVI - "Low-Income Home Energy Assistance Act of 1981" as amended, and LIHEAP funds may not be used for any purpose other than for assisting eligible households to meet the costs of home energy. Home energy is defined in Section 2603 (3) of the Title as "a source of heating or cooling in residential dwellings."

The Policy Manual constitutes the only official rules, regulations, and eligibility requirements of the LIHEAP. Households that do not meet the requirements are not eligible for assistance and may not receive any benefits under LIHEAP.

## 2. Definitions

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This section provides a definition of commonly used LIHEAP terms.

**Disabled** - an individual who receives Social Security Disability, State Supplemental, or Veterans' Affairs (VA) benefits based on disability or who is temporarily disabled due to hospital or home confinement under the care of a licensed physician.

**Elderly** - an individual who is at least sixty (60) years of age.

**Head of Household** - the person who is acknowledged by the other household members as being responsible for major decisions affecting the household. Consider in whose name the utility bill is paid, the home property is assessed, tax returns are filed, etc.

**Household** - any individual or group of individuals who are living together as one economic unit and for whom residential energy for heating or cooling is customarily purchased in common or who make undesignated payments for heating or cooling in the form of rent. Examples of different scenarios are provided below:

- A mother, living with her adult daughter in a single-family home, pays rent to the daughter which covers a portion of the heating or cooling costs. The mother is not considered to be a separate economic unit if there is not a separate heating and cooling bill; therefore, the mother is a member of the daughter's household.
- A mother maintains an apartment in her adult daughter's home and has a separate heating and cooling bill. In this scenario, the mother is considered a separate economic unit and would not be a member of the daughter's household.
- An individual who is away from home for periods of time because of the nature of his work is still considered a member of the household unless he has established a permanent home elsewhere.
- A student who is away from home to attend school or training is considered a member of the household unless he maintains a separate living arrangement whereby he is responsible for paying all or part of his own heating and cooling and/or shelter costs.

The size of the household is determined by its composition at the time of application. If a client applies on January 6, count the household size as of that day.

**Mixed-Status Household** - households in which the immigration status of at least one member is different from the others. A common example is a household with one or more

parents that are non-qualified aliens and one or more children that are U.S. citizens or qualified aliens.

**Non-Custodial Child** - a minor child under the age of 18 in a household in which no adult household members have permanent or temporary custody of said child as documented by the Department of Human Resources or court records.

**Non-Qualified Alien** - a non-citizen that, according to the Department of Homeland Security, is one of the following:

- A non-immigrant (temporary resident) that is in the country on a time-limited visa to work, study, or travel.
- An undocumented immigrant that entered the country as a temporary resident and overstayed their visa, are engaged in activities forbidden by their visa, or who entered the country without a visa.

Non-qualified aliens are not eligible for LIHEAP with one exception: those with children who are either citizens/qualified aliens when there is no other adult citizen/qualified alien in the household.

**Qualified Alien** - a non-citizen that can receive LIHEAP assistance if all other points of eligibility are met. According to the Department of Homeland Security, a qualified alien is one of the following:

- A non-citizen lawfully admitted for permanent residence
- A non-citizen paroled into the U.S. for a period of at least one year
- A refugee
- A non-citizen granted asylum
- A non-citizen whose deportation is being withheld or removal is being withheld
- A Cuban and Haitian entrant
- A non-citizen who has been battered/subjected to extreme cruelty while in the U.S.
- Trafficking victim

Examples of documentation verifying qualified alien status include:

- Permanent Resident Card (I-551), also known as a "Green Card"
- Unexpired foreign passport stamped by the U.S. Government indicating that the holder has been "Processed for I-551"
- Permanent Resident Re-entry Permit (I-327)
- Arrival/Departure Form I-94 with "Temporary I-551" stamp and photo
- Travel Document issued to Permanent Residents (I-327)

- Travel Document issued to Refugees (I-571)
- Form I-94 stamped with one of the following statuses: Asylee, Parolee or Parole, Refugee, Asylum, HP-humanitarian parolee, PIP-public interest parolee, or Cuban-Haitian Entrant

**Resident** - an individual who lives in Alabama permanently or on a long-term basis.

**Second-Party Applicant** - an individual authorized in writing by the head of the household or spouse to apply for LIHEAP on their behalf provided the head of the household or spouse is elderly (age 60 or over) or disabled.

**Vendor** - the home energy supplier that provides heating or cooling to a household; an eligible applicant whose utilities are included in their rent; or businesses from which local agencies can purchase air conditioning units, fans, portable heaters, and blankets on behalf of eligible households.



### 3. Types of Assistance

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The LIHEAP program year is divided into two seasons: the Heating season is from October 1 – April 30 and the Cooling season is from May 1 – September 30. Heating and Crisis Heating assistance may only be provided during the specified months of the Heating season. Likewise, Cooling and Crisis Cooling assistance may only be given during the Cooling season.

#### 3.1 Regular Assistance

Regular Assistance is designed to aid eligible households with the payment of a utility bill (electric or natural gas) or payment for a deliverable fuel (propane, wood, coal, or kerosene). Regular Assistance may only be provided **once** in the Heating season and **once** in the Cooling season. Refer to Section 4 of this Policy Manual for eligibility requirements.

During the Heating season, the LIHEAP payment should be applied to the household's primary heating source; i.e, if the household heats their home with propane, the LIHEAP payment should be made to their propane supplier.

Similarly, if the household heats their home with natural gas, the LIHEAP payment should be made to their natural gas company. However, if that particular household's electricity account is disconnected (or in threat of disconnection) and the natural gas account is active and not in threat of disconnection, it is allowable for the local agency to make the LIHEAP payment to the household's electricity provider. Contact the State Office if you have questions concerning a specific household's situation.

Refer to Section 6 of this Policy Manual for information on how to calculate the amount of a Regular Assistance payment.

#### 3.2 Crisis Assistance

Crisis Assistance is intended to aid a household that meets all points of eligibility **and** is experiencing an energy-related crisis.

*An energy-related crisis may exist when:*

- *a household member's health and/or well-being would likely be endangered if LIHEAP Crisis Assistance is not provided.\**
- *a household member has been negatively impacted by a State- or Federally-declared disaster or emergency.*
- *a household has at least one child under age 18.*

**\* Special consideration should be given to those vulnerable households with elderly members (age 60 and over) or disabled members.** Refer to Section 3.2.1 - Determination of a Crisis for more information.

Crisis Assistance may only be provided to eligible households **once** in the Heating season and **once** in the Cooling season.

Crisis Assistance may be used to pay the utility bill, deliverable fuel costs, deposit, reconnect fee, and other similar charges related to home energy. Refer to Section 6 of this Policy Manual on how to calculate the amount of a Crisis Assistance payment.

### **3.2.1 Determination of a Crisis**

To verify whether the household meets the definition of an energy-related crisis, consider such matters as:

- the severity of the weather
- the age of household members
- whether a household member has an illness or chronic medical condition that may be aggravated without adequate heating or cooling
- if a State or Federal disaster or emergency has been declared
- any other circumstances which indicate the household member's health and/or well-being would likely be endangered if Crisis Assistance is not provided

Refer to the *Crisis Assistance Checklist* (Appendix A), if necessary, to aid in the determination.

Evaluate each case on its own merit. If, for example, the current weather coupled with the health condition of the household member are such that it **could** present a health hazard to the household, then the household would be eligible for Crisis Assistance provided all other points of eligibility are met.

In addition, LIHEAP-124 Form, *Physician/Nurse Medical Statement*, (Appendix B) may be used in situations where the local agency feels unsure whether the applicant meets the definition of an energy-related health crisis. Use of the *Physician/Nurse Medical Statement* is optional. Other medical statements, a telephone call to the doctor or nurse, or the worker's evaluation is also acceptable provided there is a clear link between the household member's health and the lack of adequate heating or cooling.

It is important to clarify that a household without its primary heating/cooling supply at the time of application *does not* automatically qualify the household for Crisis Assistance.

Crisis Assistance is intended to supplement the Regular Heating or Regular Cooling payment when that amount is inadequate to maintain or restore service or as a second-time assistance.

### **Crisis Assistance for Life-Threatening Situations**

Situations in which there exists a *clear and present* danger to the life of a household member due to extreme weather are considered life-threatening.

It is the local agency's decision whether a household member is in a life-threatening situation due to severe weather. Verification of required documentation may be waived if such verification cannot be obtained within 18 hours. Instead, the applicant's statements may be accepted and recorded in Customer Notes in the state-wide intake database, FACSPRO.

### 3.2.2 Resolving a Crisis

Crisis households are protected under *Title V of the Human Service Reauthorization Act of 1986 (Public Law 99-425)*. This Act mandates that all LIHEAP agencies implement procedures designed to:

- a) Resolve the crisis within 48 hours from the time all required documentation has been verified and the client signs the completed application. If the crisis is life-threatening, it must be resolved within 18 hours from the time the client signs the completed application; and
- b) Take applications at geographically accessible locations; and
- c) Arrange transportation for or provide the means for the elderly or disabled to apply for assistance without leaving their home.

Requirement "a" can only be met by the implementation of procedures which allow the local LIHEAP agencies to respond to crisis cases within 48 hours and within 18 hours if life-threatening. During annual monitoring visits and on an as-needed basis throughout the program year, the State Office will review the local agency's procedures on how it responds to Crisis applications.

Requirement "b" is currently being met by the State policy which requires the local agencies to maintain at least one office in every county in their purview.

Requirement "c" is currently being met by the State policy which allows elderly and disabled applicants to designate an authorized representative to apply on their behalf.

Allowable activities to meet the Federally mandated 18-hour and 48-hour requirement include the following:

1. Providing a pledge of payment to a utility company in the amount necessary to maintain service for the next 30 days or to restore service.
2. Providing a pledge of payment to a deliverable fuel (propane, wood, coal or kerosene) company in the amount necessary for enough deliverable fuel to provide the household with heat for the next 30 days.
3. Payment for minor repair/replacement of worn parts on air conditioners and existing heating units.

4. Providing window air conditioner units, fans, portable heaters and electric blankets.
5. Providing alternative shelter which includes the temporary relocation of affected household members.
6. Providing special arrangements with LIHEAP vendors that could include a waiver of deposits/reconnect fees, extending the due date on past due bills, and co-payments between two agencies or between the client and agency.

In situations where vendor company rules or procedures interfere with the deadlines, the local agency may be required to seek an alternative solution. For example, providing a portable heater until the vendor can deliver fuel or restore utility service. Non-cash assistance, as described in #4-#6 above, are acceptable if arranged or provided within the 18-hour or 48-hour deadlines.

### 3.2.3 Documentation of a Crisis

The local agency must record the household's circumstances and the justification for Crisis Assistance in the Customer Notes section of FACSPRO. The Customer Notes will appear on the application when printed.

The local agency should also include a copy of the *Physician/Nurse Medical Statement* in the applicant's file if one was completed and signed.

Lastly, on the applicant's FACSPRO action plan, complete either the "LIHEAP Crisis Award (Resolved in 48 hours)" task or the "LIHEAP Life-Threatening Crisis Award (Resolved in 18 hours)" task.

## 4. Eligibility Requirements

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Each time a household is interested in applying for LIHEAP assistance, they must contact the local agency that administers the program in their county. The maximum number of times an eligible household can receive LIHEAP assistance each program year is four times, i.e. once for Heating, Crisis Heating, Cooling, or Crisis Cooling. Once a program year has ended and a new program year begins, eligible households may apply again, if needed.

Households have the right to reapply even if they have been denied previously. However, once an application is denied, the local agency must complete a new application at the time the household reapplies. All points of eligibility must be verified and updated with each new application.

In the case of some households that are denied based on excessive household income, it may be to the advantage of the household to reapply the following month. Since income eligibility is based on the household income in the month prior to the month of application, the household may be ineligible one month and eligible the next month.

Explain to the household whose application is denied this month, based on prior month's income, that they may be eligible next month if household income has significantly decreased.

To be considered an eligible applicant, he or she must:

- a) Be a resident of Alabama when application is made; and
- b) Be either a U.S. citizen, a qualified alien, or a non-qualified alien with a child who is either a citizen/qualified alien *provided there is no other adult in the household that is a citizen/qualified alien*; and
- c) Currently live or attempting to establish home energy service in a single-family house; a multi-unit building with two or more units (e.g. duplex, apartment, townhouse, studio apartment, condominium), or a mobile home; and
- d) Be the head of the household, the spouse of the head of the household, or a second-party applicant; and
- e) Not exceed the guidelines detailed on the *Payment Assistance Chart* (Appendix D) for combined gross household income for the month prior to the month of application; and
- f) Have out-of-pocket home energy expenses; and

- g) Have the utility or deliverable fuel account in the head of household or spouse's name; and
- h) Apply for assistance in the county in which they reside.

Additional requirements beyond those listed in this section, such as requiring the applicant to attend a training (energy counseling, financial literacy, etc.) or completing a voluntary form (customer satisfaction survey, community needs assessment, etc.) prior to receiving LIHEAP assistance are not allowable.

## 5. Documentation to Verify Eligibility

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The information described in this section is required at the time of application to verify eligibility and copies of the documentation must be maintained in the applicant's file or uploaded into the applicant's Documents section in FACSPRO. Facsimiles, scanned documents, or legible, printable photos of documents are acceptable.

The local agency is responsible for securing documentation to verify eligibility when the household notifies the agency in writing of its request for assistance. This is a service of the agency in situations when none of the household's members are physically, emotionally, or mentally capable of providing the necessary verification.

### 5.1 Photo ID

Valid photo identification (ID) card of the applicant is required. The purpose of the photo ID is to positively identify the individual applying for assistance, not necessarily to confirm the household's address or other types of information. The local agency should ensure that they copy or scan of the photo ID is clear and visible.

Other than second-party applicants, if the address on the applicant's photo ID does not match the service address on the bill and there is reason to question residency due to unclear or indefinite information provided, the local agency can request additional proof such as the current lease agreement, income tax records, a utility bill other than the heating or cooling bill, etc.

Acceptable forms of photo identification include, but are not limited to:

- Driver's license from any state in the U.S.
- Passport
- Military ID card
- Other government-issued ID card such as nondriver ID or photo voter ID
- Senior Center card
- Employer ID card
- Student ID card

Photo IDs that are expired for one (1) year or less are acceptable. If the ID expiration date exceeds the one-year "grace period," contact the State Office for approval unless the applicant is age 60 or older or receives Social Security benefits for a disability. Expired photo IDs, regardless of the date the ID expired, are acceptable from applicants age 60 or older or applicants that receive Social Security benefits for a disability.

## 5.2 Social Security Cards

Social Security cards of the applicant and all household members living in the household at the time of application are required. The name and all numbers on the Social Security card(s) must be visible. Refer to the definition of “Household” in Section 2 for clarification if needed.

If a card has been lost or stolen or the information on the card is not clearly visible, documentation from the Social Security Administration indicating that the household member has applied for a new card is acceptable or the applicant may present tax returns, tax documents, or another State/Federal form that denotes the household member’s Social Security number.

Enter the individual’s Social Security number into FACSPRO and **advise the applicant that the card must be brought in the next time the household applies for assistance**. In addition, enter this information into FACSPRO Customer Notes.

If a household member’s Social Security card has the words “NOT VALID FOR EMPLOYMENT” or “VALID FOR WORK ONLY WITH DHS AUTHORIZATION” printed on the card, the local agency must verify alien status.

Examples of documentation verifying qualified alien status include:

- Permanent Resident Card (I-551), also known as a “Green Card”
- Unexpired foreign passport stamped by the U.S. Government indicating that the holder has been "Processed for I-551"
- Permanent Resident Re-entry Permit (I-327)
- Arrival Departure Form I-94 with “Temporary I-551” stamp and photo
- Travel Document issued to Permanent Residents (I-327)
- Travel document issued to Refugees (I-571)
- Form I-94 stamped with one of the following statuses: Asylee, Parolee or Parole, Refugee, Asylum, HP-humanitarian parolee, PIP-public interest parolee, or Cuban-Haitian Entrant

If a household member is a non-qualified alien, leave the Social Security number field blank in FACSPRO and select “Non-Qualified Alien” from the drop-down menu for the SSN Response field.

## 5.3 Recent Bill

The recent heating or cooling bill displaying the account name and the account number is required. The account must be in the head of household’s name, their spouse’s name, or the landlord’s name. If the client is renting and the landlord requires the heating/cooling bill to be



in their name, the applicant must present a lease indicating this requirement with the landlord's name on it.

The furnishing of a recent bill is required only of those households that receive a bill on a regular cycle and when the bill has an account number printed on the bill.

Applicants in non-subsidized housing whose heating and cooling costs are included in their rent must provide written proof (to be placed in applicant's file) of this particular living arrangement or the local agency must verify the living arrangement through a contact with the landlord. If the local agency contacts the landlord, notes regarding the verification should be made in Customer Notes in FACSPRO.

#### **5.4 Custody Documentation**

If any adult household member is the non-parental guardian of a minor child (under age 18) in the household, official documentation demonstrating permanent or temporary custody is required from either the Department of Human Resources or court records. Hand-written or printed statements from the child's parent stating they have relinquished custody to another individual is not acceptable. If the applicant is not the child's legal guardian, custody documentation is not required if the child's parent is a member of the household.

If custody documentation cannot be provided, the local agency should enter the child's information into FACSPRO (including income) and check both the "Living in Household" box and the "Non-Custodial Child" box on the Personal Information tab. If this is done, FACSPRO is programmed to include the child's income (if any is received); however, the system will not count the child as part of the household when determining the LIHEAP payment.

#### **5.5 Proof of Income**

Proof of gross earned and unearned income received in the month prior to the month of application for all current household members is required, with the exception of earned income for household members under the age of 18.

For example, if a household applies for assistance on December 10, then all household income received in the month of November (prior month) must be verified.

##### **5.5.1 Countable Income**

Income refers to total monthly cash receipts before taxes from all sources including, but not limited to, the following:

- Money wages and salaries before any deductions, including tips and gratuities
- Self-employment income
- Contract income
- Net receipts from non-farm or farm self-employment

- Regular payments from the Social Security Administration (Retirement, Survivors' benefits, Supplemental Security Income, Disability benefits)
- Railroad retirement
- Child support
- Alimony
- Unemployment compensation
- Temporary Assistance to Needy Families (TANF)
- Strike benefits from union funds
- Workers' compensation insurance
- Veterans Administration (VA) payments
- Training stipends
- Military family allotments or other regular support from an absent family member
- Private pensions
- Government employee pensions (including military retirement pay)
- Regular insurance or annuity payments
- Interest, dividends, or royalties
- Net rental income
- Net royalties
- Periodic receipts from estates or trusts
- Net gambling or lottery winnings
- Financial support from family or friends
- Severance pay

#### 5.5.2 Non-Countable Income

Income received from the following must not be counted as income:

- Federal non-cash benefit programs such as Medicare, Medicaid, Supplemental Nutrition Assistance Program (SNAP), nutrition program for Women, Infants, and Children (WIC), school lunches, or housing assistance
- Earned income of a child under the age of 18
- Foster care benefits
- Adoption stipends
- One-time payments from a welfare agency, church or social organization to a family or person who is in temporary financial difficulty
- Income tax refunds
- Utility allowances or reimbursements
- Capital gains

- Any assets drawn down as withdrawals from a bank
- The sale of property, a house, or a car
- Loans
- Lump-sum inheritances
- One-time insurance payments
- Employer-paid or union-paid portion of health insurance or other employee fringe benefits
- Food or housing received in lieu of wages
- The value of food and fuel produced and consumed on farms
- The inputted value of rent from owner-occupied non-farm or farm housing
- College scholarships, loans, or grants
- Travel reimbursements for mileage, gas, lodging, meals
- Jury Duty compensation
- Work study programs (AmeriCorps, etc.)
- Stipends from senior aide programs

### 5.5.3 Income Verification

Verification of income may consist of, but is not limited to:

- Payroll, check stub, or check. Bank statements are not an acceptable form of verification for earned income.
- Written statement of employer or oral statement of employer verified by the local agency and noted in FACSPRO Customer Notes and in client's file.
- Documentation from the Social Security Administration, Department of Human Resources, Department of Veterans Affairs, Department of Labor, Public Housing Authority, or other governmental agency.
- Bank statements to verify child support and/or Temporary Assistance for Needy Families (TANF) received in the previous month if the household is unable to provide documentation from the Department of Human Resources.
- Documentation from existing local agency files or records provided the information is complete and current.
- Declaration of Household Income (LIHEAP-102) to be completed by the applicant if any of the following situations apply to any household member aged 18 and over for the previous month:

- Had no income and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.
- Received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained.
- Received money from family/friends.
- Received income not reported elsewhere.

## 6. Determining Payment Amounts

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Federal LIHEAP regulations require states to vary the amount of payments on behalf of eligible households to assure that those with the *lowest* incomes and the *highest* energy costs, taking into account family size, receive the highest level of assistance.

The *Payment Assistance Chart* (Appendix D) uses three factors to determine the amount of assistance for each eligible household: household income for the prior month, household size at the time of application, and fuel type. The income guidelines on the chart are updated annually based on 150% of the Federal poverty guidelines. For **PY 2025**, the combined gross household income for the month prior to application must not exceed the following:

1 person	\$1,883	5 person	\$4,573
2 person	\$2,555	6 person	\$5,245
3 person	\$3,228	7 person	\$5,918
4 person	\$3,900	8 person	\$6,590

Once the local agency enters all household demographic data and income, FACSPRO will automatically calculate the payment amount. If the local agency does not have internet access and is completing the LIHEAP-101 paper application, they should refer to the *Payment Assistance Chart* along with the information in Sections 6.1 and 6.2 to calculate the correct payment amount for the household.

### 6.1 Regular Assistance Payments

The maximum amount of Regular Heating and Regular Cooling Assistance a household may receive is determined by using the *Payment Assistance Chart*.

#### 6.1.1 Subsidized Housing Tenants (Public Housing, Housing Choice Voucher, Other)

Subsidized housing tenants who are responsible for out-of-pocket payments for utility bills may apply for assistance. In addition to all other eligibility requirements, the household must provide proof of out-of-pocket utility expenses. Subsidized housing tenants whose home energy costs are included in their rent and do not pay anything out-of-pocket are not eligible for assistance.

A Public Housing tenant may be individually metered and pay all of the household's utility costs directly to a utility company such as Alabama Power. This is known as "tenant purchased" utilities. There are also "project supplied" utilities where the Public Housing Authority (PHA) supplies the utilities and then bills the tenant for additional energy cost sometimes known as an "excess charge."

For a Housing Choice Voucher tenant (formerly known as Section 8 housing), the utilities may or may not be included in the rent. Some households are responsible for their own utilities and

may receive a utility allowance and/or a utility reimbursement check each month from the Department of Housing and Urban Development.

The amount of the monthly utility allowance must be deducted from the Regular Heating or Regular Cooling payment for which the household is eligible.

For example, if an electric household of four with an income of \$1,000 receives a utility allowance of \$100, the household is eligible for \$410 as shown on the *Payment Assistance Chart*. However, the utility allowance must be deducted, therefore, the household would receive a \$310 LIHEAP payment.

The local agency must enter the utility allowance on the Residence tab in FACSPRO. If the correct amount is entered, the system will automatically deduct this amount from the LIHEAP payment in AwardPro. If previous documents have expired and the new documents have a date that is not valid at the time of the application, the local agency must contact the Public Housing Authority to obtain documentation to verify the utility allowance, if any.

#### 6.1.2 Pre-pay Households

Applicants with a pre-pay account are eligible for Regular Assistance if they meet all other points of eligibility. Pre-pay households will receive the same Regular Heating and Regular Cooling payments as all other households based on household size, gross monthly income, and fuel type. Refer to the *Payment Assistance Chart* in Appendix D. For crisis pre-pay accounts, please see Section 6.2.3.

#### 6.1.3 Non-Subsidized Eligible Renters

Applicants that rent a non-subsidized dwelling and whose home energy costs are included in their rent are eligible for Regular Assistance if they meet all other points of eligibility. Applicants must provide written proof of this particular living arrangement, or the worker must verify the living arrangement and amount of the utility by contacting the landlord.

#### 6.1.4 Mixed-Status Households

When “Non-Qualified Alien” is selected in the drop-down menu for SSN Response in FACSPRO, the system is programmed to include the income of all non-qualified aliens when calculating gross monthly income for the household but will not count those individuals when determining the household size. When completing a LIHEAP-101 paper application, the local agency must be sure to follow the same guidelines.

For example, a single mother with two children applies for assistance. The mother is an undocumented immigrant and, therefore, is a non-qualified alien; however, both of her children were born in the U.S. The mother has an income of \$500 a month babysitting, and the children have zero income. To calculate the LIHEAP payment, the gross monthly household income is \$500, and the household size is two.

### 6.1.5 Non-Custodial Child

When the “Non-Custodial Child” box is marked on the Personal Information tab of FACSPRO, the system is programmed to include the income of any non-custodial children when calculating gross monthly income for the household but will not count those children when determining the household size. When completing a LIHEAP-101 paper application, the local agency must be sure to follow the same guidelines.

For example, the applicant has been taking care of her two grandchildren, ages 7 and 10, the past several months. No one else lives in the home. She receives \$700 from retirement benefits and the children receive \$200 each in Supplemental Security benefits, but she does not have documentation confirming temporary or permanent custody. To calculate the LIHEAP payment, the gross monthly household income is \$1,100 and the household size is one.

### 6.1.6 Additional \$50 to High Energy Need Households

During the course of completing the application, if the local agency identifies the household as having a high energy need (including, but not limited to, those with a child under 18, elderly members, or disabled members), then there is the option to allocate an additional \$50 to the Regular Heating or Regular Cooling payment. This amount cannot be split into smaller increments; in other words, the entire \$50 must be allocated or not at all.

## **6.2 Crisis Assistance Payments**

Payment amounts for Crisis Heating and Crisis Cooling Assistance are to be set by the local agency but must adhere to the criteria described below.

### 6.2.1 Not Exceed 200% of Regular Assistance Amount

Payment must not exceed 200% of the Regular Heating or Regular Cooling amount for which the household is eligible based on the *Payment Assistance Chart*.

For example, if the household is eligible for a \$300 Regular Heating or Regular Cooling payment, then the maximum payment for Crisis Heating or Crisis Cooling must not exceed \$600 (200% of \$300).

### 6.2.2 Minimum Amount Required by Vendor

Payment must be the minimum amount required to restore service or alleviate the crisis. In most cases, this would be the past due amount on the utility bill or a 30-day supply of deliverable fuel; however, vendors must be contacted to verify the necessary amount.

### 6.2.3 Pre-pay Households

Applicants with a pre-pay account are eligible for Crisis Assistance if they meet all other points of eligibility. Payment amounts for Crisis Heating and Crisis Cooling must be the minimum amount necessary to provide service for the next 30 days.

To determine the appropriate Crisis Assistance payment, the local agency may contact the vendor or review the household's payment/usage history from twelve months ago. The total amount the household paid on the account for that particular month is the appropriate amount of the Crisis Assistance payment.

For example, a pre-pay household applied for assistance in August. The local agency reviewed a print-out of the payment/usage history from August of the previous year which indicated the household pre-paid a total of \$125 for that month. The Crisis Cooling payment in this situation is \$125.

If the household has had a pre-pay account for less than one year, the local agency can review the payment/usage history from the next month that data is available.

For example, a household applied for assistance in August, but has only been on pre-pay since October of the previous year. The local agency can use October's payment/usage to determine the Crisis Cooling payment.

Pre-pay households that choose to revert to regular billing will be responsible for any deposits or reconnect fees. These fees are not allowable Crisis Assistance costs for pre-pay households.

#### 6.2.4 Additional \$50.00 to High Energy Need Households

If the local agency identifies the household as having a high energy need, (including, but not limited to, those with a child under 18, elderly members, or disabled members), then there is the option to allocate an additional \$50 to the Crisis Heating or Crisis Cooling payment.

This amount cannot be split into smaller increments; in other words, the entire \$50 must be allocated or not at all. In addition, if allocating the additional \$50 would result in exceeding the minimum amount required to alleviate the crisis, then the \$50 must not be given.

#### 6.2.5 Allowable Costs

In addition to costs for utility usage and deliverable fuel, other allowable costs that can be covered by Crisis Heating or Crisis Cooling Assistance include:

- Deposits (excluding Pre-pay households)
- Reconnect fees (excluding Pre-pay households)
- Late fees
- HAZMAT/Regulatory Compliance/test fees
- Set-up fees/Tank rental fees
- Fuel delivery surcharge
- Same day/next day delivery fees



**Note:** If the home energy service has been disconnected and a final bill has been issued, contact the State Office to discuss.

#### **6.2.6 Disallowed Costs**

Items on a utility bill not related to home heating or cooling, such as outdoor lights or appliances, are not allowable costs. In addition, meter tampering fines are not allowable costs.

#### **6.2.7 Window Air Conditioning Units**

Window air conditioning units may be purchased only in life-threatening cases and supported by documentation and/or a doctor's statement explaining the need for the air conditioner. This documentation must be maintained in the applicant's file. Lack of adequate documentation will result in disallowed costs. Grant funding cannot be used to install, maintain, or provide warranty for the unit. Prior approval from ADECA is not required, but adequate documentation must be maintained.

#### **6.2.8 Minor Repairs or Replacement**

Crisis funds may be used for the minor repair or replacement of worn parts on personal fans, air conditioners, and existing heating units. Including the cost of labor, parts, and service charges, minor repair costs are limited to the Crisis Heating or Crisis Cooling payment amount the household is eligible for based on the *Payment Assistance Chart*. Any charges that might exceed the Crisis payment amount must be paid from non-LIHEAP funds.

Additionally, prior to authorizing payment for repair or replacement work to be performed, there must be a reasonable expectation that the unit will perform properly for at least 90 days. Maintain a receipt in the applicant's file of the charges for labor, repair or replacement of parts, warranty information, and any other costs connected with the minor repair.

## 7. Vendors

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LIHEAP payments may only be made to the entities described below.

### 7.1 Utility Companies, Cooperatives, Municipalities, and Propane Vendors

LIHEAP payments for both Regular and Crisis Assistance may only be made to utility companies, cooperatives, municipalities, and propane vendors on the State-approved vendor list. Each vendor who wishes to receive a payment under LIHEAP must complete the LIHEAP-108 Form, *Home Energy Supplier Agreement*, (Appendix E) and agree to abide by its terms.

The *Home Energy Supplier Agreement* is required by Federal regulations to ensure that payments are properly applied by the vendors and that households are protected against the loss of service for at least a 30-day period.

The State Office obtains signed copies of the agreement from vendors and provides a copy of the approved vendor list to local agencies at the beginning of each program year. In addition, the State Office enters all approved vendors into FACSPRO. If a vendor contacts a local agency expressing interest in becoming a LIHEAP home energy supplier, contact the State Office or provide the vendor with a copy of the agreement. The signed copy should be returned to the State Office.

Failure of a vendor to comply with the terms of the *Home Energy Supplier Agreement* could lead to a suspension of payment to that vendor. Report any suspected violations to the local agency director for coordination with the State Office.

### 7.2 Public Housing Authority

LIHEAP payments for both Regular and Crisis Assistance may be made to a Public Housing Authority responsible for collecting utility costs from their tenants. Public Housing Authorities are not required to sign the *Home Energy Supplier Agreement* and are entered into FACSPRO by the State Office.

### 7.3 Businesses

LIHEAP payments for Crisis Assistance may be made to a local business such as Walmart, Lowe's, Home Depot, etc., for the purchase of window air conditioning units, fans, and blankets. These types of vendors are not required to sign the *Home Energy Supplier Agreement*. Contact the State Office if a particular business needs to be entered into FACSPRO as a vendor.

### 7.4 Non-Subsidized Eligible Renters

LIHEAP payments for both Regular and Crisis Assistance may be made to applicants whose utility costs are included in their non-subsidized rent if the applicant meets all points of eligibility. The applicants are not required to sign the *Home Energy Supplier Agreement*. Contact the State Office to have the applicant's name added as a vendor in FACSPRO.

## 7.5 Wood, Coal, or Kerosene Dealers

LIHEAP payment for Regular Heating and Crisis Heating Assistance may be made to wood, coal, or kerosene dealers. The State Office does not require such dealers to sign the *Home Energy Supplier Agreement*. Contact the State Office to have a wood, coal, or kerosene vendor entered into FACSPRO.

The *Wood Dealer Checklist* (Appendix F) is to be reviewed and given to each dealer who indicates an interest in delivering wood for the local agency under the LIHEAP. It is not required that the *Wood Dealer Checklist* be signed by the dealer. Failure of the dealer to comply with the terms of the Checklist can result in the disallowance of his participation.

It is permissible for the local agency to develop and use their own version of a written agreement with wood dealers; however, it must conform to the policies and procedures in this Policy Manual, including the checklist and LIHEAP-117 Form, *Invoice (Wood/Coal/Kerosene)*, method of payment (Appendix G).

LIHEAP payments for eligible households with wood, coal, or kerosene as their primary heat source will be handled under the procedures as follows:

1. Process the application, determine eligibility, and complete the award in accordance with the amount the household is entitled to receive from the *Payment Assistance Chart*.
2. Contact the dealer and provide him with the name, address, and phone number of the client. General directions to the home must also be provided upon request. The dealer will then be responsible to contact the client and set up a delivery date within the seven-day period. Require the dealer to furnish a signed *Invoice (Wood/Coal/Kerosene)* on each delivery for which he expects to be paid by the agency.
3. Once the *Invoice (Wood/Coal/Kerosene)* is submitted by the dealer for payment, compare the signatures on the application and the *Invoice*. If they appear to be the same, the local agency can issue a check to the dealer.

Households are not to be delivered less wood/coal/kerosene than they are eligible to receive according to the *Payment Assistance Chart*. There may be instances when more than one trip is required to deliver all the wood. In these cases, require the dealer to deliver all the wood before he is paid by the agency.

Vendor checks may not be routed through, hand-carried by, or otherwise delivered to a dealer by an agency employee unless authorized by the executive director on a case-by-case basis. In cases where the executive director authorizes the hand delivery of a check to a dealer by an agency employee, that employee must first obtain a signed release from the executive director.

There is no limit on the number of dealers an agency may use. It is recommended that each agency have a minimum of two to three dealers per county, preferably located in various parts of the county. It is also recommended that when practical the delivery business be divided equitably among each reputable dealer.

As a matter of ethics, agency LIHEAP employees who are related to (or friends of) dealers must notify the executive director of the relation or friendship to the dealer. The executive director must then determine whether a possible conflict of interest could exist and take necessary action to prevent a conflict.

## **7.6 Vendor Refunds**

If the local agency receives a vendor refund from a payment obligated during the current program year, that refund must be returned to the local agency's LIHEAP fund and can be used to assist other eligible households.

If the refund is for a payment made from a previous program year, it must be returned to the State Office upon receipt. The local agency should also identify the beneficiary's name, system ID, the vendor, the date the beneficiary benefit was issued, the date the refund was returned, the amount of the refund, the method of the refund, and the program (i.e., Heating, Cooling, Crisis Heating, or Crisis Cooling).

Agencies must submit the Vendor Refund Form (Appendix P) for each vendor refund received to ADECA. A single check may be sent to ADECA for more than one refund but should be accompanied by Vendor Refund Forms for each individual refund included in the check.

## 8. Completing an Application

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Using the eligibility documentation described in Section 5, the local agency can complete an application by entering all household data into FACSPRO and follow the appropriate steps to print out the LIHEAP application, the vendor copy of the LIHEAP application, and LIHEAP 101A Form - *Client Home Energy Data Request Waiver* (Appendix I) for the applicant's signature.

If the applicant refuses to sign the Client Home Energy Data Request Waiver, proceed with the completion of the application and notify the State Office after the appointment so the applicant's name can be removed from the data request list for Performance Measures reporting.

If the local agency is conducting outreach efforts in a location without internet access, intake staff can manually complete a LIHEAP-101 paper application and the *Client Home Energy Data Request Waiver* and have the applicant sign both documents. Intake staff must enter the data and print the FACSPRO application when internet access becomes available. Maintain the signed copy of the LIHEAP-101 form and the FACSPRO application in the applicant's file.

Similarly, if the local agency accepts completed and signed LIHEAP-101 forms from applicants via mail, drop-box, or in electronic format, the intake staff must also print the FACSPRO application to be maintained in the applicant's file and/or uploaded into the applicant's Documents in FACSPRO with the signed form and documentation the applicant submitted.

When the local agency completes an application, the household must be notified of the award in writing. The FACSPRO application serves as the official notification of award, and it should be either mailed to the applicant or emailed if the local agency has the applicant's email address. The FACSPRO application also serves as the official award notice to the vendor of the expected payment amount for the household unless the vendor accepts other forms of notification such as pledges entered in an online portal or spreadsheets sent via email.

### 8.1 Pending Application

If the household fails to provide documentation necessary to determine eligibility, the application must be placed in a pending file. The local agency should make copies of all existing documentation and return the originals to the applicant. The household has 15 days to bring the missing documentation to the local agency. Failure to do so will result in the denial of the application.

In cases where the local agency has received written notification for assistance in securing eligibility documentation, it is the responsibility of the agency to secure such verification(s) and to issue a decision on the pending application within the 15-day standard of promptness. Record in FACSPRO Customer Notes the reason(s) for any delay in processing the application in a timely manner. The application is to be completed as soon as possible thereafter.

## **8.2 Denials**

When the local agency denies an application, the household must be notified of the denial in writing and a copy of the letter should be placed in the client's file. A sample denial letter is in Appendix O. If the agency has the applicant's email address, the denial notification can be emailed.

## **8.3 Applicant Cooperation**

When an applicant refuses to answer questions, fails to provide information within his capacity necessary to establish eligibility, or acts in a threatening or violent manner, then he is considered to be non-cooperative and is not eligible for LIHEAP. The local agency must provide the applicant with a copy of LIHEAP-104 Form, *Summarized Eligibility Requirements*, (Appendix J) which details the right to a fair hearing.

A new application may be accepted when the applicant demonstrates his willingness to cooperate with the local agency in the determination of the household's eligibility for assistance.

## **9. Applicant File Management**

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All material related to a LIHEAP application, including all documentation for eligibility determination as described in Section 5 of this Policy Manual, is to be maintained in a separate hard-copy file or uploaded into the applicant's Documents section in FACSPRO.

Hard-copy files are to be maintained in a secure location at the local agency in file cabinets that can be individually locked when not in use or in file cabinets in an office that can be locked. The files must be maintained for at least three years after the program year has ended. If there were findings in the annual monitoring visit or the single audit, the files for that particular program year must be maintained for seven years.

## 10. Fair Hearings

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The Home Energy Assistance Act of 1981 provides that a household which is dissatisfied with the local agency's decision about its application may ask for a conference with the agency and/or a fair hearing. The State Office will make the final decision on all hearings conducted by the local agency.

Each local agency is to have a staff member who is thoroughly familiar with the LIHEAP and its rules to be designated to serve as the agency hearing officer for all fair hearings. Fair hearings are to be conducted in the county office unless otherwise authorized by the agency director.

At the time of application, give the applicant a written statement of his right to a hearing, the method by which a hearing may be obtained, and the right to be represented by a person of his choice at the hearing. For this purpose, give each applicant a copy of the *Summarized Eligibility Requirements* and a copy of his completed application.

### 10.1 Basis for Request

A household is to be granted a hearing upon written request if the:

1. Application is denied;
2. Application is neither approved nor denied within 15 days after the date of application, unless the delay was caused by the applicant's lack of cooperation in providing necessary information to determine eligibility; or,
3. Dissatisfaction pertaining to the amount of LIHEAP assistance provided the amount in question is not in conflict with the *Payment Assistance Chart*.

### 10.2 Format of Request

Any clear written statement to the State Office or to the local agency that the applicant/recipient wants an opportunity to present its case to a higher authority will be accepted, provided the request is within 45 days from the day the agency informed the applicant of its decision on the application (or within 45 days from the date of the household's application for LIHEAP if not acted upon) and that the household has a valid basis for an appeal as defined in Section 10.1 above.

A request for a hearing may be made by the applicant or someone in his behalf. If the request is filed by someone other than the applicant, such as his legal guardian, legal representative, or a lawyer of his choice, there must be a written statement signed by the applicant authorizing such person to represent him. Maintain such a statement in the applicant's file.



The claimant's request must state clearly why he is dissatisfied. When a request for a hearing is granted, it must be held, a decision issued, and action to carry out the decision taken within 45 days after the request.

### **10.3 Hearing Procedures**

#### **10.3.1 Local Agency Responsibilities**

Any appeal made to the local agency must be reported to the agency hearing officer on the day it is received. Within five (5) calendar days from the day the request is received, the local agency must complete LIHEAP-106 Form, *Hearing Notice*, (Appendix K) to notify the household of:

- a. The receipt of the request for a fair hearing; and
- b. If the request is accepted, provide the date, time, and place of the hearing. If the request is denied, provide the basis for the non-acceptance of the hearing request; and
- c. The household's right to be represented by any person(s) of his choice at the hearing.

Once the hearing has been held, complete the LIHEAP-107 Form, *Fair Administrative Hearing* (Appendix L). Mail the original and one copy to the State Office along with any material related to the issue(s) of the hearing within five (5) calendar days from the date the hearing was held.

#### **10.3.2 State Office Responsibilities**

Any hearing request or written notification of withdrawal made to the State Office must be reported to the local agency on the day it is received. The State Office will review all hearing cases conducted by the local agency and provide written notification to the household and to the local agency of its decision on the hearing as well as any further action to be taken.

### **10.4 Withdrawal of Request**

A written statement from the applicant/recipient or his representative expressing a desire to withdraw the hearing request is sufficient for withdrawal. The request can be made to the State Office or local agency.

If the State Office receives the request, it will telephone the local office, and then mail the withdrawal request to the applicant/recipient and the local agency to be maintained in the applicant's file.

The local agency must complete LIHEAP-106 Form, *Hearing Notice*, which includes a box indicating the hearing has "Been Withdrawn" and mail a copy to the applicant/recipient and the State Office.

## **10.5 Abandonment of Hearing**

A hearing will be considered abandoned if the applicant/recipient or his representative fails to keep the hearing appointment without notifying the State Office or local agency.

In such situations after one hour, the local agency hearing officer will consider the hearing request abandoned. For this purpose, complete LIHEAP-106 Form, *Hearing Notice*, which includes a box indicating the hearing has “Been Considered Abandoned” and mail a copy to the applicant/recipient and the State Office.

## **11. Grievance Policy**

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Local agencies must have an established grievance policy in their agency's Policies and Procedures Manual and Employee Handbook. The grievance policy should address how both applicants and employees file a grievance with agency leadership. A grievance policy should include clear procedures for reporting, investigating, and resolving complaints. The policy should be fair, confidential, and impartial for all parties involved. The policy must detail the following:

- How applicants and employees are notified of the grievance policy
- Who to report a grievance to and the form in which it should be submitted
- The information required to be included in the grievance
- The levels of review and who is responsible for determining the resolution to the grievance
- If the grievance involves the individual that would ordinarily determine the resolution, explain how the grievance will be elevated
- A general timeline for a resolution

ADECA will refer applicants or employees who wish to file a complaint to the local agency to ensure that the local agency's grievance policy is followed. If an applicant or employee is dissatisfied with the grievance resolution and files a complaint with ADECA, the complaint will be sent to the local agency's Board of Directors for review. Any complaints involving fraud, waste, or abuse will be investigated by ADECA staff.

## **12. Local Agency LIHEAP Funds**

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Each local agency will be provided LIHEAP funds to be used to issue all payments to eligible households and for the administration of the program. LIHEAP funds are to be maintained separately from all other agency funds. It is required that LIHEAP funds not be commingled with any other agency funding.

Agencies' financial management systems must be able to trace funds to a level of expenditures adequate to establish that such funds have been used according to the Federal statutes, regulations, and terms and conditions of the award. Agency records must adequately identify the source and application of funds for federally-funded activities. Additionally, a separate ledger sheet should be maintained for programmatic funds and for LIHEAP administrative funds.

Since each agency will have funds to operate four programs (i.e., Regular Heating, Crisis Heating, Regular Cooling, and Crisis Cooling), it is recommended that the ledger books for these accounts be maintained separately and in a manner that the agency will know at all times current expenditures and balances of each program component.

## **13. Erroneous Payments (Overpayments/Ineligible Payments)**

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The Alabama Department of Economic and Community Affairs (ADECA) is the single state agency responsible for the receipt, proper use, and accounting of all Federal LIHEAP funds. Any agency or organization under contract with ADECA for the purpose of administering LIHEAP funds is also responsible for the proper use and accounting of any LIHEAP funds received from ADECA.

Specific authority for the use (and the recovery of any improperly expended Federal LIHEAP funds) may be found in Title V of the Human Services Reauthorization Act of 1986 (Public Law 99-425) as amended; Title VI of the Human Services Reauthorization Act of 1984 (Public Law 98-558) as amended; Low Income Home Energy Assistance Act of 1981 (Title XXVI of Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981) as amended. The Code of Alabama (1975) Section 13A-8-3-4 "Theft of Property" is also applicable in the recovery or restitution of funds improperly received under the LIHEAP Program.

Individuals who receive, or attempt to receive, LIHEAP payments erroneously under the above titles are subject to all applicable Federal and State laws with regard to recovery and/or prosecution for same.

An erroneous payment occurs whenever a LIHEAP applicant receives either:

- More than the recipient should have received (overpayment), or
- A benefit the recipient is not entitled to receive (ineligible payment)

All erroneous payments are to be reviewed by the local agency and reported to the State Office. In addition, households that attempt to receive LIHEAP benefits by willfully misrepresenting the facts are also to be reviewed and reported to the State Office.

### **13.1 Types of Erroneous Payments**

There are three types of erroneous payments as follows:

#### ***13.1.6 Applicant Error***

An applicant error can be the result of misinformation, an error in judgment, or an omission on the part of the applicant or another household member with no intent to deceive the program but results in an overpayment or ineligible payment.

For example, an applicant who was not aware her 24-year-old son, a long-distance truck driver and not at home most of the time, should have been counted as a household member along with his wages.

### 13.1.7 Local Agency Error

A local agency error can be result of mistakes made by agency personnel which results in the household receiving an overpayment or ineligible payment.

For example, the local agency did not accurately enter or update household income in FACSPRO or did not ensure that all household members were entered in the system prior to enrolling the applicant into LIHEAP.

Another example is when the local agency completed a paper LIHEAP application and miscalculated income or misread the Payment Assistance Chart and awarded more or less than the household was eligible to receive.

### 13.1.8 Suspected Fraud

Suspected fraud cases are the result of overpayments or ineligible payments caused by a household member(s) who knowingly provided false, misleading, or incomplete information in order to receive assistance. Suspected fraud also includes household members who attempt, but never actually receive, benefits in which the household is not entitled.

## **13.2 Review and Reporting of Erroneous Payments**

### 13.2.6 Review Procedures

In situations of agency error identified by the State Office during on-site monitoring visits or review of data in FACSPRO during the program year, the local agency will be instructed to either forward the amount of any underpayment to the applicant's vendor or repay the LIHEAP fund in the amount of the overpayment from non-Federal, non-ADECA funds.

In situations where an applicant/recipient error resulted in a household receiving, or attempting to receive, benefits to which they are not entitled must be reviewed and reported to the State Office.

No action is to be taken by the agency in the recovery of LIHEAP payments from the household until the agency receives written notification from the State Office. However, it is permissible to contact the applicant in order to obtain facts and other information about how the erroneous payment occurred as well as how the erroneous payment should be categorized, i.e., client error, agency error, or suspected fraud.

It is during this review process that the local agency will obtain the information to make a complete and accurate report to the State Office for recommendation on how to proceed. The review process should be conducted by the local agency as soon as possible upon the discovery of an erroneous payment.

### 13.2.7 Reporting Process

LIHEAP-119 Form, *Erroneous Payment Review/Report*, (Appendix M) is to be used to report all cases of erroneous payments under the LIHEAP. This form should also be used to report cases of attempted fraud in which the household attempts to obtain benefits erroneously; however, the attempt is identified before a payment is made.

The *Erroneous Payment Review/Report* is to be completed and submitted to the State Office immediately following the review process. The original copy should be mailed to:

ADECA - Energy Division  
PO Box 5690  
Montgomery, Alabama 36103-5690

Once the State Office reviews the report, a specific recommendation will be made as to what action will be taken. Any new or revised information received by the local agency after the submission of the original report which could affect the facts as originally reported should be sent to the State Office.

### **13.3 Recovery of Erroneous Payments**

Decisions regarding action for the recovery of erroneous payments under the LIHEAP will be made by ADECA. LIHEAP-119, *Erroneous Payment Review/Report*, or other similar documents or letters will be used by ADECA to transmit decisions to the local agency for the recovery (or non-recovery) of all erroneous payments.

Erroneous payments may be recovered by entering into a voluntary repayment agreement. This agreement is a written understanding (contract) between the local agency and the applicant which is signed voluntarily by both parties; which acknowledges that an erroneous payment has occurred; which acknowledges the correct amount of the erroneous payment; and which establishes the terms under which the local agency will recover all or a portion of the erroneous payment. Refer to LIHEAP-120 Form, *Repayment Agreement*, in Appendix N.

It is desirable to recover the LIHEAP payment in the shortest time period and without causing undue hardship on the household. The local agency is advised that the minimum monthly repayment amount should not be less than the following:

(\$ 1 - \$ 50)	\$ 5 minimum payment
(\$ 50 - \$100)	\$10 minimum payment
(\$100 - \$200)	\$20 minimum payment
(over \$200)	10% of the original balance

If the household's monthly income and expenses may not permit the monthly payment as described above, the local agency may set the repayment amount at a level that is compatible with the household's financial situation.

All funds recovered as the result of erroneous payments must be returned to the local agency's LIHEAP fund. Procedures for the identification of funds collected, the deposit of funds into the agency's bank account, written client receipts in the case of cash payments, and procedures for the periodic submission to the State Office of funds collected is the responsibility of the local agency. A separate ledger sheet which clearly identifies all such transactions regarding erroneous payments shall also be the responsibility of the local agency.

### **13.4 Debarment from LIHEAP**

Households committing fraud (providing false information) or attempting to commit fraud are typically debarred from receiving LIHEAP assistance for one year. At the time of the determination, the box for "Debarred" on the Demographics tab in FACSPRO must be checked. This will prevent the applicant from being enrolled in the program.

If improper payments are made on the household's behalf, the applicant cannot apply until restitution has been made, at which time they must submit a request to the local agency to be considered eligible to apply for assistance.

The local agency must form a committee, appointed by the agency's director, to consider reinstatement of eligibility benefits of applicants who have previously been suspended. The committee should consider all information provided by the intake worker and/or case manager when considering reinstatement. The committee will submit their recommendation to the director for final determination. The applicant will be notified, in writing, of the decision and the right to a fair hearing if applicable. Notify the State Office of the final determination.



## **APPENDICES**

- Appendix A Crisis Assistance Checklist
- Appendix B LIHEAP-124 Form - Physician/Nurse Medical Statement
- Appendix C LIHEAP-102 Form - Declaration of Household Income
- Appendix D Payment Assistance Chart
- Appendix E LIHEAP-108 Form - Home Energy Supplier Agreement
- Appendix F Wood Dealer Checklist
- Appendix G LIHEAP-117 Form - Invoice (Wood/Coal/Kerosene)
- Appendix H FACSPRO LIHEAP Application
- Appendix I LIHEAP 101-A Form - Client Home Energy Data Request Waiver
- Appendix J LIHEAP-104 Form - Summarized Eligibility Requirements
- Appendix K LIHEAP-106 Form - Hearing Notice
- Appendix L LIHEAP-107 Form - Fair Administrative Hearing
- Appendix M LIHEAP-119 Form - Erroneous Payment Review/Report
- Appendix N LIHEAP-120 Form - Repayment Agreement
- Appendix O Sample Denial Letter
- Appendix P Vendor Refund Form



## **Appendix A**

### **Crisis Assistance Checklist**



## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) CRISIS ASSISTANCE CHECKLIST

This "Checklist" is a guide to help you as you interview applicants for Crisis Assistance. Its purpose is to guide you in asking questions about the household so that you can make a determination about the degree of possible harm and health effects of extreme weather conditions.

- 1) Are there elderly (age 60 or over) and/or disabled household members? If yes, what is their age and/or disability? How is their age and/or disability affected by extreme weather conditions?
- 2) Are there household members under 18?
- 3) Does any household member have a current illness (or history of illness) aggravated by weather? How is the illness aggravated when extreme cold/heat occurs? What medical attention or medical advice has been given which is directly related to extreme cold/heat?
- 4) Has the household been impacted by a State- or Federally-declared disaster or emergency?
- 5) Does the household have any electric fans, air conditioner, or other cooling device?

- Electric fan
- Window A/C
- Central A/C
- None of the above

If none of the above, how is the house cooled? How have they managed in the past with no cooling? What were the health effects on household members?

- 6) Are any household members affected by any of the following:
  - a.  Bedfast or chairfast
  - b.  Partial or complete body cast
  - c.  Circulatory problems, which causes some individuals not to know if they are hot or cold
  - d.  Skin disease, open sores, wounds, shingles
  - e.  Asthma or emphysema
  - f.  Advanced stages of cancer
- 7) Are any household members currently on medication or under a physician's care for the treatment of any disorder (such as high blood pressure, asthma, emphysema, etc.) linked to extreme weather?
- 8) What is the status of household's heating/cooling supply?
  - a.  Disconnect Notice
  - b.  Delinquent Notice
  - c.  No Heating/Cooling Supply

Amount of Outstanding  
Bill \_\_\_\_\_

NOTE: The above checklist is only a guide. It is not to be used as a complete and final checklist on which to base your decision about eligibility. It can, however, be used for prompting questions, discussion, note taking, and may be completed and maintained in the case record on an as needed basis. It is not required that one be completed. Use it in a manner which best helps you.

Your decision about the “degree of possible harm and health effects of extreme weather conditions” is a social decision -- not a medical decision; therefore, concentrate your interview and questions on areas related to “cause and effect”. For example, if the applicant tells you she takes medication for high-blood pressure and diabetes, it is not so important to know what the illness and medications are, but rather what causes or aggravates the illness. Is it weather related? Is the illness aggravated by extreme weather conditions? Next, what effect do extreme weather conditions have on the illness or medical condition?

Finally, a medical (doctor, nurse, etc.) statement is not a requirement for Crisis Assistance. Only the situations where the applicant does not appear to be eligible (yet she maintains she is eligible because of her health) should a medical statement be required; then, it is up to the applicant to go to the time and expense of securing a medical statement. Be careful not to give an applicant false hope by requiring her to get a medical statement.

Reviewed 2024

## **Appendix B**

### **LIHEAP-124 Form - Physician/Nurse Medical Statement**





**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
PHYSICIAN/NURSE MEDICAL STATEMENT**

Date: \_\_\_\_\_

Patient/Client Name: \_\_\_\_\_

County: \_\_\_\_\_

Dear Physician/Nurse:

The above-named patient/client has applied for LIHEAP Crisis Assistance. This program provides emergency utility (heating or cooling) assistance to eligible low-income persons who have a verifiable medical situation caused (or aggravated) by extreme heat or cold weather. It is not required that the patient be seen again by you only for the purpose of completing this form. Please complete this form and return to me.

- In my opinion, this patient does have a medical situation caused (or aggravated) by extreme heat or cold.
- In my opinion, this patient does not have a medical situation caused (or aggravated) by extreme heat or cold.
- I cannot make a determination at this time because (Explain):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician/Nurse Signature or stamp

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Physician or Nurse

\_\_\_\_\_  
Phone Number

Sincerely,

\_\_\_\_\_  
Agency Employee

\_\_\_\_\_  
Community Action Agency



## **Appendix C**

### **LIHEAP-102 Form - Declaration of Household Income**



## Declaration of Household Income

**Instructions:** This form is to be completed by the person applying for assistance if any of the following situations apply to the applicant and/or any household member age 18 and over for the previous month:

- Had no income and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.
- Received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained.
- Received money from family/friends. (This includes funds for rent, food, utilities, and other needs.)
- Received income not reported elsewhere.

Applicant's name (please print): \_\_\_\_\_

Applicant's address (please print): \_\_\_\_\_

Did you or any household member age 18 and over have **no income** last month? If so, complete the following for you and every adult:

Name	How long has this person had no income?

Did you or any household member age 18 and over receive income from **occasional work when a receipt book was not maintained**, receive **money from family or friends**, or receive any **income not reported elsewhere** last month? If so, complete the following for you and every adult:

Name	Amount	Source of income

How do you pay your **rent/mortgage**? \_\_\_\_\_

How do you pay for **food**? \_\_\_\_\_

How do you pay for your **utilities**? \_\_\_\_\_

*I certify that the information provided above is true and complete to the best of my knowledge. I understand I may be required to provide proof of any information given and that providing false information will invalidate this form and may require the repayment of any assistance received based on the false information. I understand that I am subject to all applicable Federal or State laws concerning fraud.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Appendix D**

### **Payment Assistance Chart**





**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**PAYMENT ASSISTANCE CHART**

**PY 2025**

*(ADECA will issue an updated chart when the Federal Poverty Guidelines are released each year.)*

**1 PERSON**

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$628	\$500	\$480	\$440	\$400
\$629 – \$1,257	\$470	\$450	\$410	\$370
\$1,258 – \$1,883	\$380	\$360	\$320	\$280

**2 PERSON**

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$852	\$510	\$490	\$450	\$410
\$853 – \$1,705	\$480	\$460	\$420	\$380
\$1,706 – \$2,555	\$390	\$370	\$330	\$290

**3 PERSON**

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$1,076	\$520	\$500	\$460	\$420
\$1,077 – \$2,153	\$490	\$470	\$430	\$390
\$2,154 – \$3,228	\$400	\$380	\$340	\$300

**4 PERSON**

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$1,300	\$530	\$510	\$470	\$430
\$1,301 – \$2,601	\$500	\$480	\$440	\$400
\$2,602 – \$3,900	\$410	\$390	\$350	\$310

Note: Households with more than four persons will receive benefits in the same amount as the chart of four.

5 person	\$4,573	9 person	\$7,263	13 person	\$9,953
6 person	\$5,245	10 person	\$7,935	14 person	\$10,625
7 person	\$5,918	11 person	\$8,608	15 person	\$11,298
8 person	\$6,590	12 person	\$9,280		

Add an additional \$50 if you have determined the household has a high energy need such as those with children under 18, elderly or disabled members. The additional \$50 cannot be split and crisis awards cannot exceed minimum amount necessary to alleviate the crisis.

## **Appendix E**

### **LIHEAP-108 Form - Home Energy Supplier Agreement**



STATE OF ALABAMA HOME ENERGY  
SUPPLIER AGREEMENT  
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

The undersigned (hereinafter referred to as the COMPANY) hereby agrees to the following terms and conditions of the Alabama Department of Economic and Community Affairs (hereinafter referred to as the DEPARTMENT) in order to participate in the LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) for the period of October 1, 2023 through September 30, 2025.

- (1) The Department, through its administering LIHEAP agencies, shall notify the Company of each eligible household and the amount of assistance to be paid on behalf of the household.
- (2) The Company shall charge the eligible household, in accordance with the Company's normal billing process, the difference between the actual cost of home energy and the amount of the payment made by the Department through LIHEAP.
- (3) The Company shall not treat adversely any eligible household in regard to terms and conditions of sale, credit, delivery, or price either in the costs of goods supplied or the services provided because of such assistance on behalf of an eligible household.
- (4) The Company agrees that any payment amount made by the Department or its administering LIHEAP agencies, and accepted by the Company, shall result in a prompt and timely fuel delivery, or the continuation or restoration of the home energy supply for a period of not less than thirty (30) days from the date the Company receives official notification from the local administering LIHEAP agency of the payment. Notification shall include, but may not be limited to, the receipt by the Company of the Company's copy of the LIHEAP-101 application form and shall constitute a commitment on the part of the local administering LIHEAP agency for the payment of the home energy delivered or otherwise provided. The Company shall not be required to make more than one delivery to an eligible household within a thirty (30) day period.
- (5) The Company agrees that the entire LIHEAP payment will be credited to the eligible household's account immediately upon receipt of the payment, regardless of whether the LIHEAP payment results in a credit balance on the account. The balance shall remain on the eligible household's account until it is depleted or until the account is otherwise closed.
- (6) The Company agrees to refund to the local administering LIHEAP agency any remaining LIHEAP funds balance when the household's account is closed. Unless the Company has been otherwise notified by the Department, such refunds are to be made payable to the local administering LIHEAP agency and mailed within forty-five (45) days of the account's closing date. The Company shall include the household account name and account number for reference purposes.
- (7) The Company agrees to cooperate with the Department's monitoring of this Agreement, including the Department's monitoring of documentation of energy supplied to eligible households. The Company shall observe its usual and customary practices governing the release of household account information. If requested by the Department, the Company shall provide account data including, but not limited to, annual energy costs and annual energy consumption, as authorized by the household's LIHEAP.
- (8) The Company agrees to not discriminate based on race, color, religion, sex, age, national origin, or disability in its implementation of this Agreement.

- (9) The Company agrees that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article 11, Section 213 of the Constitution of Alabama, 1901, as amended, by Amendment No. 26. The Company further agrees that if any provision of this Agreement shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Agreement, be enacted, then that conflicting provision in the Agreement shall be deemed null and void.

The Company recognizes and acknowledges that the Department is an instrumentality of the State of Alabama, and as such, is immune from suit pursuant to Article 1, Section 14, Constitution of Alabama 1901. It is further acknowledged and agreed that none of the provisions and conditions of this Contract shall be deemed to be or construed to be a waiver by the Department of such Constitutional Immunity.

In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involves the payment of money, a party's sole remedy is the filing of a claim with the Board of Adjustment of the State of Alabama.

For any and all disputes arising under the terms of this Agreement which are not resolved by negotiation, the parties agree to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

- (10) By signing this agreement, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

_____ Company	_____ Signature of Authorizing Official
_____ Main Office Address	_____ Date
_____ 	_____ Contact Person
_____ City, State, Zip	_____ Telephone Number
	_____ Email address

Please provide the address your company would like the LIHEAP payments to be mailed to if different from address shown above or provide an attachment with satellite office addresses, if necessary:

\_\_\_\_\_  
\_\_\_\_\_

## **Appendix F**

### **Wood Dealer Checklist**



## **LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) WOOD DEALER CHECKLIST**

*Local Agency Instructions: Provide a copy of the Wood Dealer Checklist below to each person interested in delivering wood for the agency under the LIHEAP Program. It is not required that this checklist be signed by a wood dealer; however, each wood dealer must abide by the terms of the checklist in order to receive payment for wood deliveries.*

As a wood dealer for the Community Action Agency operating the Low-Income Home Energy Assistance Program (LIHEAP), I agree to the following terms and conditions:

1. To deliver wood ONLY after I have been requested to do so by the Community Action Agency.
2. To deliver only quality hardwood which is split and cut into lengths which will fit into the fireplace or firebox.
3. To fill each order for delivery as quickly as I can and not later than seven (7) days.
4. To contact the Community Action Agency if I cannot make a delivery for whatever reason with seven (7) days.
5. To submit a properly completed INVOICE for payment on each customer so that I can get paid for each delivery.
6. I understand that failure by me to comply with the above terms and conditions can result in the temporary or permanent suspension of my participation in the LIHEAP.





## **Appendix G**

**LIHEAP-117 Form - Invoice (Wood/Coal/Kerosene)**



## LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) INVOICE (Wood/Coal/Kerosene)

1. DEALER NAME: \_\_\_\_\_

DEALER ADDRESS: \_\_\_\_\_

DEALER PHONE NO.: \_\_\_\_\_

2. DELIVERED:	<input type="checkbox"/>	WOOD	AMOUNT:	\$ _____
	<input type="checkbox"/>	COAL		\$ _____
	<input type="checkbox"/>	KEROSENE		\$ _____

3. DELIVERED TO: \_\_\_\_\_

(Name/Address)

4. DELIVERY DATE: \_\_\_\_\_

5. RECEIVED BY: \_\_\_\_\_

(Applicant or Adult Household Member)

6. I certify that the full amount of the above product was delivered as indicated. This invoice is a correct and unpaid bill.

**SIGNED:** \_\_\_\_\_

(Dealer)

**INSTRUCTIONS**

1. This **INVOICE** must be completed each time wood, coal, or kerosene is delivered. Dealers are to keep a blank supply of **INVOICES** on hand.
2. Both the **dealer and the applicant** (or other household member) must sign before payment can be made.
3. For payment, mail (or deliver) this **INVOICE** to the Community Action Agency.

4. Mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Appendix H**

### **FACSPro LIHEAP Application**



		<b>Application</b>			
		<b>Emergency Energy Support</b>			
		Case # (County, Member ID):		Control #:	
		Program Name:			
		Energy Assist Type:		Batch Control: _____	
		Form Control:			
2. Applicant First Name		MI	2. 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 Workers:		Has dwelling ever received any weatherization assistance from a previous federally funded weatherization program?  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		21. Primary Heating Fuel		Primary Cooling Fuel	
				Primary Heating Source	

**22. Household members**

HH	Name	Age	Income
----	------	-----	--------

24. Status	Date
------------	------

Comments/Explanations:

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

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

**26. STATEMENTS 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**

29. For the purposes of verification and analysis, I grant permission for utility providers and/or fuel suppliers to release energy costs and billing data to the Alabama Department of Economic and Community Affairs.

Applicant Signature

Second Party?

Caseworker Signature

Date



## **Appendix I**

**LIHEAP 101-A Form - Client Home Energy Data Request Waiver**



FY 2025  
Low -Income Home Energy Assistance Program (LIHEAP)  
Client Home Energy Data Request Waiver

I, \_\_\_\_\_, 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 my 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 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.*

**The utility provider that provides electricity for my household is:**

Company name: \_\_\_\_\_

My account number is: \_\_\_\_\_

**My household's primary heating provider is:**

Company name: \_\_\_\_\_

My account number is: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **Appendix J**

### **LIHEAP-104 Form - Summarized Eligibility Requirements**



**ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS  
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**Summarized Eligibility Requirements  
October 1, 2024**

The Low-Income Home Energy Assistance Program (LIHEAP) is administered by the Alabama Department of Economic and Community Affairs. At the county level, your Community Action Agency or other designated local agency will be responsible for program administration.

The amount of energy assistance that a household can receive depends on gross household income, family size, and the type of fuel used to heat/cool the home. **You will be responsible to pay any remaining balance of your energy bill after the State makes a payment on your behalf.**

**WHO IS ELIGIBLE?** Applicants that provide the required information to their local agency and meet the following maximum monthly gross income:

1 person	\$1,883	6 person	\$5,245	11 person	\$8,608
2 person	\$2,555	7 person	\$5,918	12 person	\$9,280
3 person	\$3,228	8 person	\$6,590	13 person	\$9,953
4 person	\$3,900	9 person	\$7,263	14 person	\$10,625
5 person	\$4,573	10 person	\$7,935	15 person	\$11,298

**OTHER REQUIREMENTS:** In order to receive assistance under this program, a household must also:

1. Live in Alabama and be a U. S. citizen or qualified alien. Check with your local agency concerning eligibility for qualified and non-qualified aliens.
2. Provide information so your local agency can determine if you are eligible for assistance.
3. Provide proof of income for all current household members for the month prior to application. If a household member claims zero income that cannot be verified by a governmental agency, the *Declaration of Household Income form* must be completed.
4. Furnish Social Security cards for all household members and photo ID for person applying. If mailing your application, do not mail original social security cards or photo IDs; please send a photocopy.
5. Furnish a recent heating/cooling bill which includes your customer account number. Bill must be in the name of the head of household or spouse.

**HOW TO APPLY:** The head of household or spouse should contact your local community action agency office.

**AMOUNT OF PAYMENT:** All payment amounts will be set by the local agency in accordance with the LIHEAP Manual.

**METHOD OF PAYMENT:** All payments will be made directly to participating vendor typically within thirty (30) days of application approval. Eligible households will be notified when a payment is made on their behalf.

**CONFERENCE OR FAIR HEARING:** If you are not satisfied with the local agency’s decision about your application, you can request a conference and/or a formal hearing. For a formal hearing, you must submit a written request to the local agency within 45 days from when you were informed of the decision on your application. The State Office in Montgomery will make the final decision on all hearings. You may be entitled to free legal services concerning your dissatisfaction about your case.

*If you have an appointment and are age 60 or over and/or disabled, someone can go to the appointment on your behalf. Please complete the following:*

I give _____ permission to make application for the Energy Assistance Program for my household. I (or my spouse) am	
_____ age 60 or over	
_____ disabled	
_____ (Signature of Head of Household or Spouse)	_____ Date
_____ (Witness, if signed by mark)	_____ Date

## **Appendix K**

### **LIHEAP-106 Form - Hearing Notice**





**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
HEARING NOTICE**

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Dear \_\_\_\_\_:

This is to notify you that your hearing request for the Energy Assistance Program has been received. Your request for a fair hearing has -

A. Been denied because:

- Your written request for a hearing was not received within 45 days from the date of our notice to you concerning your application.
- The basis for your hearing request does not meet the agency's definition of when a hearing is to be granted to a household.
- Other. Explain: \_\_\_\_\_

B.  Been withdrawn

C.  Been considered abandoned

D.  Been accepted

If accepted, your hearing is set for \_\_\_\_\_ (Date) and will be held at the \_\_\_\_\_ (Location) at \_\_\_\_\_ (Time). If you cannot attend the hearing, you must notify the Director of the \_\_\_\_\_ (Agency) that you cannot attend on the scheduled date. If you wish to telephone, the number to call is \_\_\_\_\_. If the Director is not in when you call or when you go by the office, then tell the office representative you talk with who you are and leave your message. You have a right to be represented by any other person of your choice at the hearing.

The failure of you or your representative to attend the hearing without good reason will constitute abandonment of your hearing request unless a good reason for such failure to appear exists. The local agency will determine whether the reason is acceptable.

## **INSTRUCTIONS FOR HEARING NOTICE**

This form is to be used by local agencies for purposes of notifying the household of the local agency's decision of whether the request for a fair hearing will be granted.

Complete and mail this form to the household within five (5) days from the date of receipt of a written request for a fair hearing.

This form may be handwritten.

### **DISTRIBUTION:**

Original copy - Mailed or given to the household.

Second copy - Maintained in the case record.

## **Appendix L**

### **LIHEAP-107 Form - Fair Administrative Hearing**

COUNTY \_\_\_\_\_  
CAA CASE NO. \_\_\_\_\_  
CAA NAME \_\_\_\_\_

**FAIR ADMINISTRATIVE HEARING  
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**PART I - - IDENTIFYING INFORMATION**

Claimant's Name \_\_\_\_\_ Hearing Date \_\_\_\_\_  
Claimant's Address \_\_\_\_\_ Hearing Time \_\_\_\_\_

Present at the Hearing:

- (1) Hearing Officer \_\_\_\_\_
- (2) Claimant \_\_\_\_\_
- (3) Claimant's Representative(s) \_\_\_\_\_
- (4) Worker \_\_\_\_\_
- (5) Others \_\_\_\_\_

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**PART II - - SUMMARY**

Check if additional material attached to this form.

Issue at the Hearing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation(s) of Agency Hearing Officer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PART III - HEARING DECISION (To be completed by the State Office)**

Upheld \_\_\_\_\_  
Reversed \_\_\_\_\_  
Reason for Reversal \_\_\_\_\_  
Action to be taken \_\_\_\_\_  
\_\_\_\_\_

## **INSTRUCTIONS FOR FAIR ADMINISTRATIVE HEARING**

This form is to be used by local agencies for purposes of initiating a fair administrative hearing in the LIHEAP.

The Agency Hearing Officer is to complete Part I and II of the form in an original and two copies. Mail the original and one copy along with any additional material related to the issue(s) of the hearing to the Alabama Department of Economic and Community Affairs (ADECA) within five days from the date of the hearing. Retain one copy of the form for your record.

Once ADECA makes a decision on the hearing, a copy of the form will be returned to you to be retained in the case record. ADECA will notify the agency and the claimant of the decision reached on the hearing.

Mail the material to:

Alabama Department of Economic and Community Affairs  
Energy Division  
P. O. Box 5690  
Montgomery, Alabama 36103-5690

Attention: LIHEAP Program Supervisor

## **Appendix M**

### **LIHEAP-119 Form - Erroneous Payment Review/Report**





**LIHEAP - ERRONEOUS PAYMENT REVIEW/REPORT****ADMINISTRATIVE DATA**

TYPE OF ERRONEOUS PAYMENT:  <input type="checkbox"/> CLIENT ERROR  <input type="checkbox"/> AGENCY ERROR  <input type="checkbox"/> SUSPECTED FRAUD  <input type="checkbox"/> OVERPAYMENT      Amount \$ _____  <input type="checkbox"/> INELIGIBLE PAYMENT      Amount \$ _____	SSN	1ST REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	AGENCY		
	CLIENT NAME		PHONE
	CLIENT ADDRESS		COUNTY

**SUMMARY OF INFORMATION**

Give a brief description of the erroneous payment to include: 1) Circumstances of the erroneous payment; 2) Worker statement; 3) Client statement; and 4) How you arrived at the dollar value. (Attach additional sheets if needed.)

DATE	INVESTIGATOR SIGNATURE	DIRECTOR SIGNATURE
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**STATE OFFICE USE ONLY**

COMMENTS/RECOMMENDATIONS
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DATE	SUPERVISOR	FILE
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## **Appendix N**

### **LIHEAP-120 Form - Repayment Agreement**



COUNTY OF \_\_\_\_\_

STATE OF ALABAMA

NAME \_\_\_\_\_

S.S.N.: \_\_\_\_\_

### REPAYMENT AGREEMENT

I, \_\_\_\_\_, understand and acknowledge that I have received payments or benefits under the Low-Income Home Energy Assistance Program (LIHEAP) to which I was not entitled valued at and in the amount of \$\_\_\_\_\_ from the \_\_\_\_\_ Community Action Agency.

I agree and stipulate that I owe the Agency \$\_\_\_\_\_ and I promise to pay that amount to the Agency in equal installments of \$\_\_\_\_\_, and one installment of \$\_\_\_\_\_ such payments to begin on \_\_\_\_\_, 20\_\_\_\_, and to be made by the \_\_\_\_\_ day of each month thereafter, until the full amount is paid.

I agree that if I fail to pay any of the installments under the terms of this agreement I shall be considered to be in default of this agreement and all of the installments comprising the balance of the entire amount due the Agency may become immediately due and payable without notice or demand.

In case of any default in this agreement, I agree to pay any and all costs incurred in any steps taken to collect on the agreement. I further agree to pay the cost of any reasonable fee of any attorney hired to collect on this agreement.

I agree that this repayment agreement supersedes and replaces any repayment agreement here-to-fore signed by me for the above claim or overissuance period.

Done this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agency Representative

Witnessed: \_\_\_\_\_

\_\_\_\_\_



## **Appendix O**

### **Sample Denial Letter**





## Sample Denial Letter

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

This letter is to inform you that your application processed on \_\_\_\_\_ for Low-Income Home Energy Assistance (LIHEAP) is denied or the award amount was changed for the reason(s) noted:

\_\_\_ Award was not enough to satisfy the amount needed on your account to reconnect or keep your services on. Comments: \_\_\_\_\_

\_\_\_ Income for household members exceeded State guidelines for household size.

\_\_\_ Applicant has received all the LIHEAP assistance that he/she is entitled to for this heating or cooling season: \_\_\_\_\_

\_\_\_ Applicant closed account or moved with no transferring address before the LIHEAP award was posted to the account.

\_\_\_ Applicant does not meet the requirements for Crisis Assistance according to the guidelines.

\_\_\_ No funds are available at this time.

Conference or Fair Hearing: If you are not satisfied with our decision about your application, you can request a conference and/or a formal hearing. For a formal hearing, you must submit a written request to us within 45 days from when you were informed of the decision on your application. The State Office in Montgomery will make the final decision on all hearings. You may be entitled to free legal services concerning your dissatisfaction about your case.

If you have any questions regarding this notice, please contact XXXXXX at our office at XXX-XXX-XXXX.

\_\_\_\_\_  
Intake Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager

## **Appendix P**

### **Vendor Refund Form**

# LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM VENDOR REFUND FORM

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Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_

---

Beneficiary's Name: \_\_\_\_\_

Beneficiary's System ID: \_\_\_\_\_

---

Vendor: \_\_\_\_\_

Date Benefit Issued: \_\_\_\_\_

Date Refund Returned: \_\_\_\_\_

Amount of Refund: \$ \_\_\_\_\_

Method of Refund:  Check  Other \_\_\_\_\_

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Program (check one):  Heating  Cooling  
 Crisis Heating  Crisis Cooling