



HEAP/ECIP APPLICATION

Dear Applicant,

Thank you for your interest in the Home Energy Assistance Program (HEAP). Enclosed is your application for utility bill assistance. Eligibility is based on the household's total monthly gross income, which cannot exceed the HEAP income guidelines. Applicants are eligible for assistance once per household, per program year. Attached are the Energy Survey, Energy tips and Budget Counseling Information sheets to assist you with energy conservation and establishing a household budget.

Please complete and sign the entire HEAP application. You may mail your completed application or walk it in to the LBCAP office. *Our address is listed below*

You must attach the following documents when returning your application.

- Original electric bill (current)
- Copies of all household income (past 30 days)
- Copy of a valid CDL (California driver's license) or a valid California Picture I.D.
- Applicant's Social Security number (*Copy of Social Security Card is Optional*)
- Signed HEAP application packet

If an application is returned incomplete, it will delay the processing of your application. If you are unable to complete your application and would like assistance please call our call center.

Please make sure to send your HEAP packet along with your supporting documents back as soon as possible.

Mailing address: 3012 Long Beach Blvd., Long Beach, CA 90807, Attn: HEAP
Energy Assistance Office: (888) 351-4061 • Energy Assistance Fax: (888) 329-4612



Low-Income Home Energy Assistance Program (LIHEAP)

Income qualification for HEAP and Weatherization Program

<u>Household size</u>	<u>Gross Monthly Income</u>
1	\$ 2,482.61
2	\$ 3,246.49
3	\$ 4,010.37
4	\$ 4,774.25
5	\$ 5,538.13
6	\$ 6,302.01
7	\$ 6,445.24
8	\$ 6,558.47
9	\$ 6,731.69
10	\$ 6,874.92
11	\$ 7,018.15
12	\$ 7,161.38

HEAP – Utility assistance

**Criteria: Low-Income, reside in service area, obligated to pay electric or gas bill.
We can assist with current, past due or shut off notices**

The State has set amount of credit payment that is calculated by number of household members and monthly gross income.

Household income is calculated by gross income per month for every adult in the household 18 years and older.

Weatherization, Minor Home Repairs

Same criteria as above PLUS

A household member must be:

Senior 60+

Disabled (permanently)

Child 5 and under

HEAP / FT DECLARATION OF INCOME

I, _____, DECLARE THAT MY ONLY
PRINT YOUR NAME

SOURCE OF INCOME IS: (SPECIFY TYPE OF WORK) _____

EXPLANATION: _____

MY GROSS MONTHLY INCOME IS \$ _____

THIS HAS BEEN MY INCOME FOR THE PAST _____ MONTH(S)

I AM SELF EMPLOYED

I AM PAID IN CASH BY MY EMPLOYER:

EMPLOYERS NAME: _____ PHONE # _____

EMPLOYERS ADDRESS: _____

CITY: _____, CA. ZIP: _____

MY PHONE # _____ HOME OR CELL

MY HOME ADDRESS: _____

CITY: _____, CA. ZIP: _____

APPLICANT SIGNATURE

DATE

STAFF SIGNATURE

DATE

THIS FORM IS FOR CLIENTS THAT ARE PAID BY CASH ONLY