

Low Income Home Energy Assistance Program (LIHEAP) Fall Subsidy and Winter Crisis

FY 25 Fact Sheet

**Administered by the Department for Community Based Services Services Provided by
Community Action Agencies**

Purpose: Low Income Home Energy Assistance Program (LIHEAP) to assist low-income households with home heating cost through:
Subsidy: One-time bill payment assistance for home heating services.
Crisis: Provides assistance to eligible households experiencing a home heating crisis.

Operation: Community Action Kentucky, Inc. will contract with twenty-three community action agencies to operate both components in all 120 counties. Households should apply through their local Community Action Agency office.

Eligibility:

1. Must be responsible for home heating costs or pay heating costs as an undesignated portion of rent.
2. Household income must be at or below the following, relative to household size:

Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,883	5	\$4,573
2	\$2,555	6	\$5,245
3	\$3,228	7	\$5,918
4	\$3,900	8	\$6,590

Add \$672 for each additional family member.

Application Period: Applications must be made during the designated enrollment periods, or until available funds have been expended.

Subsidy: Applications must be made during the period November 5, 2024, through December 20, 2024

Crisis: Applications must be made during the period January 7, 2025, through March 15, 2025. May be extended based on funding availability.

Designated Representative:

Applicants who are unable to apply for themselves must contact the local community action to make other arrangements. If the designated representative is not the head of household or spouse, the representative must have a signed statement giving authorization to apply for the household. Individuals without a designated representative should contact the local community action agency which may be able to assist them in finding one. Only one person from each household should apply.

Required Documentation: Applicants must bring the following:

1. Proof of Social Security Number or Permanent Residence card (Green Card) for each member of the household.
2. Proof of all household's (all members) income from the preceding month.
3. Most current heating bill, or statement from your landlord if heating expenses are included in your rent, or statement from utility company if you participate in a Pre-Pay.
4. The account number and name on the account for main heating fuel sources and electric bill.

In addition, in the Crisis component, applicants requesting assistance for natural gas or electric must bring a disconnect/past due notice (example: past due notice, termination notice, final notice, or utility arrearage payment plan balance). If your rent includes heat, you must bring a copy of your lease and eviction notice. Applicants who participate in a Pre-Pay Electric Program must bring a statement from the utility company that shows they have 10 days or less of pre-paid electric service.

Benefits Provided:

Subsidy: The benefit amount that a household receives will be based on housing category, fuel type used for heating, and income level. Those households with the lowest incomes that use the fuel with the highest heating season costs will receive the highest benefit.

Crisis: Benefits are limited to the minimum amount necessary to relieve the crisis not to exceed the maximum amount allowed by state regulations. Benefits may take the form of fuel deliveries, service reconnection, blankets or sleeping bags, loan of space heaters and emergency shelter. Crisis relief will be provided within 48 hours or 18 hours if the situation is life-threatening.

Benefits will be made payable to the household's primary heating fuel vendor.

Client Referral: Clients requesting additional information regarding LIHEAP program should be referred to their local community action agency or Community Action Kentucky (CAK), toll-free number 1-800-456-3452 (TTY available for the hearing impaired).

Applicant Rights: Each applicant will be informed of their rights should they be denied assistance. Any applicant who wishes to appeal the case should be informed by local community action agency staff of the procedures for filing a complaint. Should the applicant not be satisfied with the local decision, they may further appeal to the Cabinet for Health and Family Services.

Rules: Do **NOT** give false information or hide information to receive LIHEAP benefits. Use LIHEAP benefits only for your household. If you **BREAK** these rules, you may be stopped from receiving LIHEAP benefits, and you may be prosecuted for fraud. Report any information about fraud or misuse of LIHEAP benefits by calling the Fraud Hotline at 1-800-372-2970.

Community Action Kentucky administers LIHEAP in partnership with the Kentucky Cabinet for Health and Family Services who receive the funding as a pass-through block grant from the U.S. Department of Health and Human Services.