

# C.A.C. Home Energy Assistance Program - Pike County Senior Center

## 2013-2014 Winter Crisis Program Effective November 1, 2013 through March 31, 2014

The Winter Crisis Program (WCP) is a federally funded program designed to help eligible Ohioans meet the rising cost of home heating during the winter months. Applicants must meet 175% of Federal Poverty Guidelines. The Winter Crisis Program can prevent disconnection of heating utilities and restore heating services to households that have been disconnected. The program can also pay for an emergency delivery of bulk fuel for households with less than 10 -day supply or (25% or less tank capacity) of bulk fuel. Winter Crisis funds can be paid on behalf of an eligible household once per winter heating season.

**Regulated gas and electric:** The utility must be shut off or a shut-off notice received. Households may receive up to \$175 total. The \$175 payment will stop disconnection, transfer services, or restore services for both regulated utilities. This is a one-time benefit and both utilities must be taken care of at the time of application.

**Non-regulated electric:** The utility must be shut off or a shut-off notice received. Households may receive up to \$450. The \$450 can be used to stop disconnection, transfer service or restore service.

**Co-Pay:** If the \$175 or \$450 is not enough to cover the emergency, the customer must contact the utility for co-payment requirements.

**Bulk Fuel:** Households may receive a delivery of bulk fuel if they have ten (10) days or less supply of fuel (25% or less tank capacity). Maximum delivery for coal or wood is \$350, or \$750 maximum delivery for propane/bottled gas, fuel oil or kerosene.

**Existing Credits:** Bulk fuel customers must SELECT and make contact with their bulk fuel vendor prior to their appointment. If a credit exists on the account large enough to provide a delivery of fuel, no emergency exists, and the household is ineligible for emergency assistance at that time.

**Furnace Repair:** The WCP can also assist homeowners with the repair of primary heating systems up to \$175.

### 2013 Federal Poverty Guidelines:

Household Size	Yearly Income
1 person:	up to \$20,107.50
2 people:	up to \$27,142.50
3 people:	up to \$34,177.50
4 people:	up to \$41,212.50
5 people:	up to \$48,247.50
6 people:	up to \$55,282.50
7 people:	up to \$62,317.50
8 people:	up to \$69,352.50

Households with more than eight (8) members add \$7,035 for each additional member.

### Regular Appointments

Regular appointments are scheduled beginning at 8:00 am each weekday (except Thursday) by calling the the Pike County Senior Center at 740-947-5555. Appointments are scheduled 14 days in advance of the actual appointment and only by phone. Once the appointment sheet is full, callers will be asked to try back the next morning at 8:00 am.

### Walk-ins

*Beginning November 1, 2013 and continuing thru March 31, 2014, the Pike County Senior Center, 402 Clough St., Waverly, will accept the first seven (7) walk-ins meeting the walk-in criteria (listed below) each Thursday morning for households with a member 60 years of age or older. Walk-ins must sign in at 8:00 am, indicating the time of their arrival. Walk-ins will be accepted on a first-come, first-serve basis. When the walk-in schedule is full, no other walk-ins can be scheduled that day.*

### Walk-in Criteria

In order to be assisted as a walk-in one of the following must apply:

- ✓The electric or natural gas has been disconnected, or
- ✓The electric or natural gas is scheduled for disconnection within 24 hours, or
- ✓The household is completely out of bulk fuel or will be completely out within 24 hours.

>>See reverse side for a complete list of documentation required for the E-HEAP interview.<<



Pike County Senior Center  
402 Clough Street, Waverly, Ohio 45690  
740-947-5555 (TDD 740-289-2608) <http://www.pikecac.org/>



**The following documentation is required for Winter Crisis Program appointment:**

**Proof of gross household income for the past 13 weeks verified by the following:**

Social Security, SSI, SSDI, Pension, Veterans (VA), Retirement, School Employees Retirement System:

Award letter (current year), copy of check (current), or bank statement (if check is direct deposited)

Unemployment, Employment Disability, Worker's Compensation:

Award letter with clarification of amounts, or copy of check with explanation letter, including company name and address

Wages:

*Pay stubs showing gross income* for the past 13 weeks (the past 13 paystubs for weekly wages or the past 7 paystubs for bi-weekly wages). If missing pay stubs, a statement from the employer showing gross income for the past 13 weeks is required. The statement must include employee name, pay dates, gross wages, deductions, company name, address and phone number.

Self Employment or Farm/Rental Income

Most recently filed tax return with Forms and Schedules

DJFS Assistance

A printout from DJFS for households receiving cash assistance, food stamps or medical assistance including the amounts received for the past three months with case number and household members.

Interest or IRA profits

Bank statement (if direct deposited)

Utility Allowance

A lease or housing authority documentation if paid directly to tenant.

Divorce Settlements, Child/Spousal Support, Alimony

Copy of checks, with oral clarification, or a statement from ODJFS or Child Support agency, or a bank statement if direct deposited. Court documents will be accepted for proof of alimony.

Monetary Assistance

A signed letter from the person giving the applicant money including the amount(s), frequency and type of assistance (cash or bill payment), and indicating if the amount is a gift or loan.

No Income/Zero Income

A signed OCS Self-Declaration Form (provided at the interview) explaining how the customer is surviving and/or maintains their household. This form must explain in detail the customer's source of maintaining shelter; receiving food, etc. Note: Zero income households must provide a statement from ODJFS indicating all assistance received and their current utility allowance agreement.

**Proof of Residence:** A copy of Lease/Rental Agreement or a utility bill with the applicant's name and address.

**Current Electric and Main Heating Bills:** Both the main heating and electric bills are required for the face-to-face interview, even if seeking assistance with only one. Note: If the main heating source does not require electricity to run, then no assistance may be given for the electric service.

**Document of Responsibility:** If the utility is in the landlord's name and the landlord will not allow it to be changed and the customer is responsible for the bill, the customer can be assisted; however, documentation in the form of a lease, or a signed letter from the landlord, stating the customer is responsible for the bill is required. Also required is a copy of the bill showing the account number. If the utility bill is in the name of an adult living outside of the household, that adult must have power-of-attorney to represent the applicant or must transfer the electric account to the applicant.

**Proof of Co-Pay:** If the utility requires more than the maximum allowable amount to guarantee service for 30 days, any amount over the maximum allowable amount is called a "Co-Pay." Documentation that the co-pay was paid must be received by the agency before the application can be processed.

**Verification of Social Security Numbers** are required for all household members. Copies of Social Security cards or a statement from Social Security office will fulfill this requirement.

**Proof of US Citizenship or Alien Status** is required for primary applicant. All primary applicants who are not U.S. citizens or nationals must provide documentation of their current alien status. If any household member claims ineligible alien status (i.e., person's in the US on a student visa), that household member cannot receive assistance or be counted in the household.

**Proof of Disability** is required for the face-to-face interview for any household which has a member who is classified as permanently and totally disabled by a state or federal agency.

**Date of Birth** for all household members is required.

**Current Rent Receipt** including landlord name, address, phone number, and rent amount.