PUBLIC NOTICE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FOR ST. CLAIR COUNTY RESIDENTS

St. Clair County Board Chairman Mark A. Kern has announced October as the start of the Low Income Home Energy Assistance Program (LIHEAP). LIHEAP is offered through the St. Clair County Intergovernmental Grants Department (Community Action Agency) that assists low income households with a one-time payment toward heating bills. To receive LIHEAP, household income must not exceed the amounts on the table below for the 30 day period prior to the appointment date. LIHEAP will begin accepting appointments on October 1, 2015 until May 31, 2016, or until funding is exhausted. Staring October 1st, the program will first serve households with seniors (age 60 or over) and/or residents that are disabled. Then, beginning November 2nd, households with children under the age of 6 will be served. All other qualified households will be eligible to apply beginning December 1st.

WALK-IN APPOINTMENTS ARE NOT PERMITTED PLEASE CONTACT LIHEAP AT (618) 257-9246

FOR GENERAL INFORMATION CALL MONDAY - FRIDAY 8:30 a.m. to 4:00 p.m.

LIHEAP Required Documentation:

Documents necessary for application processing include proof of income from all sources for every household member for the past thirty (30) days (if your payday falls on the day of your appointment, you must bring in that check stub). If the applicant has no income, the applicant must present a current Illinois Job Link from the local Illinois Department of Employment Security (IDES). The applicant must also complete a Zero Income Affidavit at the time of their appointment. All persons age 18 and over who reside in the household, must show current proof of in-school status or provide a current Illinois Job Link. The applicant must provide:

- 1. Proof of age.
- 2. Determination of disability from the Social Security Administration.
- 3. Current Illinois picture I.D. for the head of household and/or the applicant.
- 4. Social Security cards for all household members (paper cards only).
- 5. All pages of the current gas and electric bill in the name of the applicant and/or household member.
- 6. Medical cards (Medicare, Medicaid, TANF, AABD, GA) if applicable.
- 7. Current rent receipt and/or lease agreement. No cancelled checks or money order receipts will be accepted as valid rent documentation.
- 8. Proof of home ownership is required for furnace applicants only.

Family	150%	150%
Size	30 Day Income	Annual Income
1	\$1,471	\$17,655
2	\$1,991	\$23,895
3	\$2,511	\$30,135
4	\$3,031	\$36,375
5	\$3,551	\$42,615
6	\$4,071	\$48,855
7	\$4,591	\$55,095
8	\$5,111	\$61,335

2016 INCOME GUIDELINES

For families with more than 8 persons, add \$520 or for each additional person.