



## 2021-2022 Program Year



## LIHEAP is...

#### Low-Income Home Energy Assistance Program

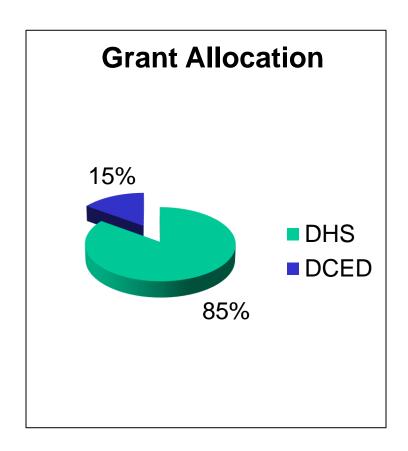
- A federally-funded block grant to help low-income households afford home energy costs
- Pennsylvania offers heating assistance and energy efficiency improvements

<sup>\*</sup>Pennsylvania received \$200 million for the 2020-21 program year



## Administered by the Department of Human Services (**DHS**)

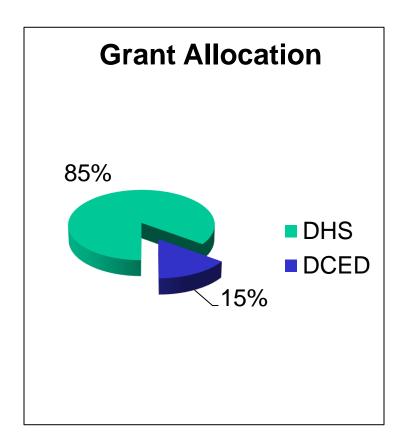
- LIHEAP Cash benefits
- LIHEAP Crisis benefits for fuel supply emergencies
- 67 County Assistance Offices (CAOs)





# Administered by the Department of Community and Economic Development (DCED):

- LIHEAP Weatherization
   Assistance
- LIHEAP Crisis benefits for inoperative heating systems (Crisis Weatherization)
- 36 Weatherization agencies





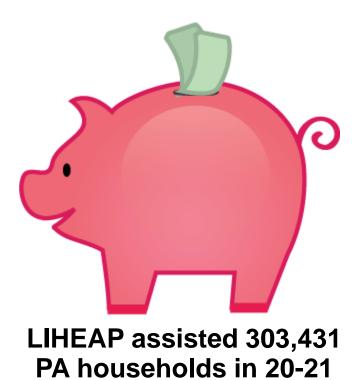
#### **Some 2020-2021 stats:**

#### <u>LIHEAP Cash</u>

- 503,415 applications
- 60% approved
- Average benefit of \$280

#### LIHEAP Crisis

- 116,639 applications approved
- Average benefit of \$435





#### **Some 2021-2022 stats so far:**

#### LIHEAP Cash

- 389,968 applications
- 63% approved
- Average benefit of \$562

#### LIHEAP Crisis

- 82,113 applications approved
- Average benefit of \$563



<sup>\*</sup>as of 2/14/2022



### 21-22 Program Dates:

#### October 18th 2021 through May 6th 2022





#### **LIHEAP Cash & Crisis Income Limits:**

<u>Household Size</u>	Limit (150% FPIG)		
1 person	\$19,320		
2 persons	\$26,130		
3 persons	\$32,940		
4 persons	\$39,750		
5 persons	\$46,560		
6 persons	\$53,370		
7 persons	\$60,180		
8 persons	\$66,990		
For each additional person add:	\$6,810		



## LIHEAP Cash

- A benefit to help offset winter heating costs
- Grants range from \$500 to \$1500
- In most cases the benefit is sent directly to a participating utility or fuel vendor



## LIHEAP Crisis

- For home-heating emergencies
- Benefits from \$25 to \$1200
- No application needed if the household was already approved for LIHEAP



## How to Apply





eferricalizing bytelogy of 188 h 0 1918 8 A. Seem around a segment o









ose this down Add registration mainter			.compass.state.pa.us	_  CRESSCA
If you do not understand these instructions, co	ontact your local o	ounty a	assistance office.	Application Registration Standard
Please complete this section for the head of hou	sehold.			Couly
"Use the codes from page 2 to help provide the details.  Name (Include Last, First Middle Initial)	1000	To.	Social Security Number	Dated
Nerve (Include Last, First Middle Initial)	of Birth	Sex	Social Security Number	Person Surpley
Home Address (Include Street, Apt. Number, City, State & ZIP Code+4)				
Mailing Address if different (Include Street, Apt. Number, City, State & ZIP Code	1+4)			State ID.
County You Live in Phone Number: Citizensh				
County You Live In Phone Number: Citizensh	ip" Race (Optional)"	Ethnicity (O	ptional)* Marital Status*	
If you are currently receiving Cash, Medical Assistance, or SNAP benefits, m	ay we use the income you hi	eve on file?	□Yes □ No	Rejected Access
				De April D April
				¬ــــــ
Do you read, write and understand English? Yes	□ No If no, what la	inguage?		_
3 Are You:				
No Tou.				
Renting with heat included Renting subs	dized housing/Section	on 8 hou	sing with heat include	ed
Renting with heat not included Renting subs	idized housing/Secting	on 8 hou	sing with heat not in	cluded
An unrelated roomer An owner or	are you buying your	home	Other:	
If heat is included in your rent, attach a note from your land	lord stating that heat is	includer	and what turns of heat	in upped
, , , , , , , , , , , , , , , , , , , ,				
What is your main heating source? Choose the typ source is not working. Attach a copy of your last bill or				
are accepted as a customer.		,	- come: small g one type	
Electric Fuel Oil Coal Natural Gas	Kerosene Propo	ane or Bot	tied Gas Blended F	uel Wood/Othe
4a Do you need electricity to run your main hea	ting source (seconda	ry heat)?	Yes No	
_	-			
Which utility company or fuel dealer do you wa your account information.	nt to receive your L	JHEAP g	rant? Write their nam	ne and address, and
your account information.			Account Number	
and or delay company or run delant		ľ	Total Partial Control	
iddress (Include Street, City, State & ZIP Code+4)		-	Name on Account	









## **Application Process**

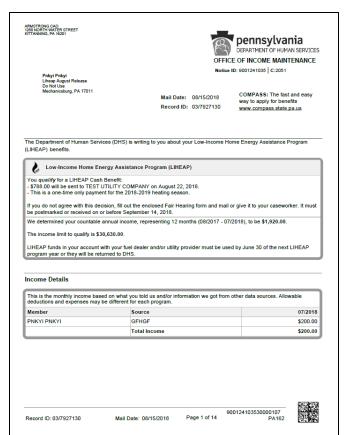
- 1. The application is reviewed to determine if it is complete.
- 2. Verification is requested from the applicant if needed.
- 3. The applicant has 15 days to provide the verification.





## <u>Application Process (continued)</u>

- The application is approved or rejected within 30 days of receipt.
- 5. The applicant receives a notice explaining the eligibility decision.





## **Client Contact Information**

- LIHEAP Client Hotline
  - · 1-866-857-7095
- . COMPASS
  - www.compass.state.pa.us
- LIHEAP Website
  - https://www.dhs.pa.gov/Services/Assistance/Pages/LIHEA
     P.aspx



#### **Vendor Contact Information**

- LIHEAP Vendor Helpline
  - 1-877-537-9517
- Vendor Mailbox
  - RA-LIHEAPVendors@pa.gov
- LIHEAP Vendor Website
  - https://www.dhs.pa.gov/providers/Providers/Pag es/LIHEAP-Vendors.aspx



## Questions?