

Fiscal Year 2023  
Low-Income Home Energy Assistance Program (LIHEAP)  
Income Eligibility and Benefit Levels

Number of People in a Household	100% of Federal Poverty Level	125% of Federal Poverty Level	150% of Federal Poverty Level	175% of Federal Poverty Level	200% of Federal Poverty Level	60% of Estimated State Median Income
1	\$ 13,590	\$ 16,988	\$ 20,385	\$ 23,783	\$ 27,180	\$ 42,411
2	\$ 18,310	\$ 22,888	\$ 27,465	\$ 32,043	\$ 36,620	\$ 55,461
3	\$ 23,030	\$ 28,788	\$ 34,545	\$ 40,303	\$ 46,060	\$ 68,511
4	\$ 27,750	\$ 34,688	\$ 41,625	\$ 48,563	\$ 55,500	\$ 81,561
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9	\$ 51,350	\$ 64,188	\$ 77,025	\$ 89,863	\$ 102,700	\$ 115,001
10	\$ 56,070	\$ 70,088	\$ 84,105	\$ 98,123	\$ 112,140	\$ 117,448
11	\$ 60,790	\$ 75,988	\$ 91,185	\$ 106,383	\$ 119,895	\$ 119,895
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15	\$ 79,670	\$ 99,588	\$ 119,505	\$ 129,682	\$ 129,682	\$ 129,682
16	\$ 84,390	\$ 105,488	\$ 126,585	\$ 132,129	\$ 132,129	\$ 132,129
17	\$ 89,110	\$ 111,388	\$ 133,665	\$ 134,576	\$ 134,576	\$ 134,576
<b>Homeowners and Non-Subsidized Housing Tenants</b>						
<b>Deliverable Fuel (Oil, Propane, Kerosene &amp; Other)</b>	\$600	\$550	\$510	\$470	\$470	\$430
<b>Utility and Heat-Included-in-Rent</b>	\$500	\$460	\$425	\$390	\$390	\$355
<b>High Energy Cost Supplement</b>	TBD	TBD	TBD	TBD	TBD	TBD
<b>Subsidized Housing Tenants</b>						
<b>Deliverable Fuel (Oil, Propane, Kerosene &amp; Other)</b>	\$420	\$385	\$355	\$325	\$325	\$300
<b>Utility and Heat-Included-in-Rent</b>	\$350	\$325	\$300	\$275	\$275	\$250
<b>High Energy Cost Supplement</b>	TBD	TBD	TBD	TBD	TBD	TBD
<b>High Energy Cost Supplement (HECS) Thresholds - TBD</b>						

Note: Contact DHCD to determine eligibility for a household of 18 and above.

Sources (Income Level): "Annual Update of the HHS Poverty Guidelines, *Federal Register*, January 21, 2022 (87 FR 3315-3316) and "State Median Income Estimates", USHHS, OCS, DEA, *LIHEAP-IM-2022-04* ; Correction to *Attachment A* , released by USHHS, 6/1/22.

The **Benefit Amount** awarded to eligible households is based on several household factors reflected on this chart. Those include the number of people in a household, their gross income, the energy source, and the housing situation.

The **High Energy Cost Supplement** is an additional benefit provided only to qualifying, eligible LIHEAP households whose previous year's heating source costs exceed the above listed HECS thresholds.

6/6/2022



## HOME ENERGY ASSISTANCE PROGRAM (HEAP) APPLICATION ADDENDUM

APPLICATION NUMBER: \_\_\_\_\_

Please complete and sign below.

First Name Last Name	Relationship to Applicant	Date of Birth	Social Security number	Signature of adult household member verifying that the number stated is their Social Security number and authorizing the use of their Social Security number for the purposes stated in the application and Wage Match Notice on this form, which are also available through SMOC
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## **WAGE MATCH NOTICE**

In accordance with state law (M.G.L. c.62E), the matching of income reported by fuel assistance, weatherization, and/or heating system assistance recipients with wages reported by employers to the Massachusetts Department of Revenue (DOR) may be required. In this event, **SMOC** will participate along with the Massachusetts Department of Housing and Community Development (DHCD) in the Massachusetts Wage Reporting System (a wage match). We are asking all adult members of an Applicant's household (18 years of age or older) to provide their Social Security number for this purpose. The adult household members do not have to provide Social Security numbers to be determined eligible under the application for the fuel assistance, weatherization, and/or heating system assistance programs.

Should a wage match be required, **SMOC** will forward Social Security numbers, along with the names and address of the Applicant and all adult household members to DHCD. DHCD will forward this information to the DOR. The income information you have reported to us for the fuel assistance, weatherization, and/or heating system programs will be matched with wage (income) information reported by employers to the DOR. The DOR will provide DHCD with information from its records as to your income and the income of other members of your household, and DHCD will inform **SMOC** of this income information.

If the income information that you reported to us does not match the information reported by employers to the DOR, we will contact the Applicant. We will meet and work with the Applicant and any household member whose income information is in question to try to resolve a "mismatch". However, if we cannot resolve a "mismatch", and we determine that the household has incorrectly underreported income to us, we may take one or more of the following actions: adjust the household benefit level; terminate assistance to the household; seek repayment of payments incorrectly made to or on behalf of the household; reduce any future benefits by amounts not repaid. If we take any of these actions, the Applicant has the right to dispute our decision through **SMOC's** Appeals Process.

Any "mismatch" which cannot be resolved by **SMOC** could also result in referral to DHCD. Information concerning you and other household members may also be referred to the State Bureau of Special Investigations, District Attorney, or Attorney General which may result in further investigation, action, and or criminal prosecution.

If you do not or cannot provide or verify your Social Security number to **SMOC**, your name and address may still be submitted to the DOR in the event of a wage match.

MASS. HOME ENERGY ASSISTANCE AND WEATHERIZATION APPLICATION 2022-2023

South Middlesex Opportunity Council, Inc. ("THE AGENCY")

7 Bishop Street

Framingham, MA 01702

Tel.: (508) 620-1230

New Recert

Benefit Code: \_\_\_\_\_

Incomp. Date:

App Date:

Complete:

Cert:

Intake Site:

Emrg:

App Number

PIN

Applicant

Please complete or correct this section for the Applicant.

Do you speak and understand English? Yes No

Home Address (if different)

If No, what is your primary language?

Name/Mailing Address

e-Mail:

Home Phone:

Cell Phone:

Contact Phone:

Household Members

Please complete or correct this section for all persons in your household.

Total Number In Household: \_\_\_\_\_

(Do not include Foster children here)

Name

Birth Date

Social Security Age Number

Income Codes (See Below)

Gender

Disabling Condition

Education

Health Insurance

Race

Ethnicity

Military Status

Work Status

Student

Gender: F=Female M=Male O=Other

Disabling Condition: Y=Yes N=No

Education

1=0-8th Grade

2=9-12th/non-graduate

3=High School Graduate

4=12+ Some Post Secondary

5=2 or 4 year college grad

6=Graduate of Other post-secondary school

7=GED/Equivalency Diploma

Health Insurance

1=Private(Direct Purchase)

2=MassHealth

3=Medicare

4=None

5=Employer Based

6=Military Health Care

7=Other

8=State Health Insurance for Adults

Race

1=American Indian or Alaskan Native

2=Asian

3=Black or African American

4=Hawaiian or Pacific Islander

5=White

6=Other 7=Multi-Race (2 or more races)

Ethnicity

H=Hispanic/Latino/Spanish

N=Not Hispanic/Latino/Spanish

Military Status

1=Veteran

2=Active Military

3=Never Served in the Military

Work Status

1=Full-Time Employee

2=Part-Time Employee

3=Migrant Seasonal Farmwrkr

4=Unempl. (6 mos or less)

5=Unempl. (more than 6 mos)

6=Unempl. (not in labor force)

7=Retired

Student: Y=Yes N=No

Do you need an accommodation regarding your application because of a disability? Yes No

Income Codes

Use these codes to show income sources for each family member above.

Alimony=M Disability=S Interest=K Rental Income=L SSDI=U VA Compensation : Disability Service Related=H

Annuities=I Dividends=K Odd Jobs=P Self Employ.=B SSI/SSP=D VA Pension : Disability Not Service Related=V

Child Support=M EAEDC=F Pension=I Soc. Sec.=C TANF (AFDC)=E Unemployment=G Wages=A Workers Comp=J

Lump Sum Income=Q (e.g. Lottery Winnings, Cash Prizes, Insurance Settlements, Capital Gains, Inheritances, and Sale of Stocks/Bonds)

Financial Support=R IRA/401K=T Other Income=N (includes any other monies coming into your household) No Income=O

Member Information/Housing

Please complete/correct this section by circling or filling in answers.

Family type: (circle one)

1. Single Parent Female 2. Single Parent Male 3. 2 Parent Household 4. Single Person 5. 2 Adults, No Child 6. Other 7. Un-related Adults w/Child 8. Multi-Generational

Has/Does any household member: (use circles)

...receive SNAP (Food Stamps)? Yes No

...receive Foster Care Payments? Yes No

...receive WIC? Yes No

...receive a Child Care Voucher? Yes No

...receive an Affordable Care Act Subsidy? Yes No

...received an Earned Income Tax Credit? Yes No

...received HUD Benefits? Yes No

Do you? Own Home Own Condo Rent Apt/Hse Rent Condo Other: \_\_\_\_\_

Housing Type: 1. Single Family 2. Two Family 3. Three Family 4. Mobile Home 5. Apt. (Over 3 Apts.)

Number of apartments in the building: \_\_\_\_\_

Rent or Housing cost: \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Weekly

Owners (Monthly Amts): Principal + Interest + Taxes + Insurance

Specify status if not current: Past Due Pre-Foreclosure Foreclosed

Do you share your heating system? Yes No

If yes, how many share? \_\_\_\_\_

Is heat included in your? Rent Condo Fee Not Included

Do you live in subsidized housing? Yes No

If yes, subsidy type: \_\_\_\_\_

Do you plan on living at the above address from Nov 1st through Apr 30th (the heating season)? Yes No

# Years \_\_\_\_\_ # Months \_\_\_\_\_ at current Address. If less than 1 Year, prior address: \_\_\_\_\_

Your Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zipcode: \_\_\_\_\_

Do you own any real estate property other than your primary residence? Yes No

The definition of real estate property includes vacation home, second home, and income properties, etc.

Supplier Information/Conservation

Please complete/correct this section by circling or filling in answers.

Do you pay for your own heat? Yes No

Heat 1. Oil 2. Gas 3. Coal 4. Kerosene 5. Wood 6. Propane 7. Elect 8. Heat Included In Rent

Do you use secondary\* (additional) heating source(s)? If yes, specify:

1. Oil 2. Gas 3. Coal 4. Kerosene 5. Wood 6. Propane 7. Electric 8. Other: \_\_\_\_\_

Company

Account Number

Name on Bill if Not Yours

Heat

Gas

Electric

Water

Sewer

Currently Shutoff

Shutoff Notice

Past Due

Yes No Yes No Yes No

Yes No Yes No Yes No

Yes No Yes No Yes No

Yes No Yes No Yes No

Yes No Yes No Yes No

Do you use an air conditioner? Yes No

If Yes, type of air conditioner: Window/Portable Central Air

If owner, does your heating system need repair? Yes No

If available, would you like to hear about additional services? Yes No

How did you hear about Home Energy Assistance Program? \_\_\_\_\_

Did you receive a shutoff notice or did your oil company refuse to deliver oil in the past year? Yes No

Were your services shut off or did you run out of oil in the past year? Yes No

Was your heat restored because of Home Energy Assistance Program? Yes No

IMPORTANT: THIS APPLICATION MUST BE COMPLETE AND REQUIRES THE SIGNATURE OF THE APPLICANT.

PLEASE TURN THIS PAGE OVER, READ AND THEN SIGN THIS APPLICATION IN THE HIGHLIGHTED AREA.

IF YOU DO NOT SIGN THE BACK OF THIS APPLICATION YOU WILL NOT RECEIVE HOME ENERGY ASSISTANCE.

\*Secondary heating sources are used to enable the primary heat sources to operate or are the energy sources used to provide 49.9% or less of the space heating needs of the dwelling.



**APPLICANT DECLARATIONS AND AUTHORIZATIONS FOR USE OF PERSONAL INFORMATION:**

I have read the application or it has been read to me in a language I understand. I make the following declarations and authorizations:

1. I understand the information on this application and supporting documents will be shared with and used to determine and verify my household’s eligibility for the following programs and benefits: (i) **Home Energy Assistance Program** which helps pay the cost of home heating energy; (ii) **weatherization assistance** which helps make homes more energy efficient and comfortable; (iii) **heating system assistance** which helps keep heating equipment in good and efficient working order through maintenance, repair or replacement; and (iv) applicable low income **water and sewer assistance benefits**. If this application is only for Weatherization or Heating System Assistance and is filed during or after the Home Energy Assistance Program enrollment period, it will not be treated as an application for Home Energy Assistance Program.
2. I affirm that I am a Massachusetts resident. I authorize the **AGENCY**, the **Department of Housing and Community Development (DHCD)**, and/or their agents to communicate with me through the contact information I provide, including electronically through email and/or by cell phone. I understand it is my responsibility to provide the **AGENCY** any changes to my contact information.
3. I understand that only United States Citizens or certain Qualified Aliens are eligible to receive federal energy assistance benefits.
4. I give consent for the **AGENCY** and/or **DHCD** to share any information on this application and the supporting documents, including confidential information, with and among the following:
  - Offices of the state and federal governments, their designated subcontractors and agents; and
  - My primary and/or secondary heating and energy utility company(ies), and water and sewer company(ies) and system(s) including my annual energy consumption cost, usage data, utility charges, payment history and other account information.
5. I give the **AGENCY** and/or **DHCD** permission to obtain and share any data about my annual energy consumption cost, usage data, utility charges, payment history and other account information from my primary and/or secondary heating and energy company(ies) and water and sewer company(ies) and system(s). I authorize the company(ies) to provide this information to the **AGENCY** and/or **DHCD**. I agree to hold the company(ies) harmless and release them from and against loss, demands, damages, or liability caused by such disclosure.
6. I give consent for the **AGENCY** and/or **DHCD** to share any information on this application and the supporting documents, including confidential information, with and among my primary and secondary heating and energy company/utility and water and sewer company(ies) and system(s), if this could result in a discount on my heating/energy bill or other benefit from the supplier/company/utility. I do not have to agree to this in order to receive Home Energy Assistance Program benefits, weatherization assistance benefits, heating system assistance benefits and/or applicable water/sewer benefits. If I do not agree, I have the right to decline to have my information shared for applicable discounts and benefits. To decline, I will provide separate written notification to my energy company/utility and water and sewer companies and to this **AGENCY**.
7. I authorize any individual, company, agency, or other entity which has information about me or my household relevant to our eligibility for benefits, to release or disclose this information to the **AGENCY** and/or **DHCD**, including confidential information. This information may be shared as required by law and in any legal proceeding where doing so would result in my repayment. I authorize the **AGENCY** and/or **DHCD** to use the information I provide to make referrals on behalf of myself and my household and for other program purposes. I authorize the **AGENCY** and/or **DHCD** to transfer information relevant to my eligibility for benefits to other agencies if I move to another service area and request assistance at a new address.
8. I understand that eligibility for benefits does not guarantee my household will receive assistance, and eligibility for one service does not guarantee eligibility for other services. I understand that the timing or receipt of benefits for which I am eligible cannot be guaranteed.
9. I certify under the penalties of perjury that all information on this application, and all information I submitted or will submit in support of this application, is true and complete to the best of my knowledge. I am the only person in my household that has applied for the previously named benefits this program year, and my household has only submitted one application this program year.
10. I understand that information provided on this application and supporting documentation may be verified, including through computer matching. I authorize the **AGENCY** and/or **DHCD** to contact individuals, companies, and offices of the federal and state government to verify the information, to determine my household’s eligibility, and for other program purposes. I understand that I may be subject to criminal prosecution as a result of any fraudulent statements in this application or associated documents.
11. I agree to cooperate in requests to provide information to the **AGENCY** and/or **DHCD**, and understand that my failure to do so may result in termination, suspension, or repayment of assistance. I understand that before my benefits are terminated, suspended, reduced, or denied or other adverse action is taken against me because of information gained from computer data matching processes with federal and state agencies, I will be notified in writing of the potential action, provided an opportunity to contest it, and given information on how to do so.
12. I understand in the event I receive any type of assistance or benefits mentioned herein and I am later determined to be ineligible for them, I may be fully liable for the value of assistance received and that future benefits for which I become eligible may be reduced by any amount that I do not repay.
13. I understand that the **AGENCY** and/or **DHCD** may refer my information concerning a violation of the laws to the Massachusetts Bureau of Special Investigations, a District Attorney, or to the Attorney General’s Office. This may result in further investigation, action, and/or criminal prosecution.

**WAGE MATCH NOTICE**

14. In accordance with state law (M.G.L. c. 62E), the **AGENCY** and **DHCD** participate in the Massachusetts Wage Reporting System (“Wage Match”). The income reported by Home Energy Assistance Program, weatherization assistance, and/or heating system assistance recipients may be matched with wages reported by employers to the DOR. The **AGENCY** and **DHCD** are asking the Applicant and all adult members of the household (18 years of age or older) to provide or verify their Social Security numbers for this purpose. The Applicant and adult household members do not have to provide or verify Social Security numbers to be determined eligible under this application for the Home Energy Assistance Program, weatherization assistance, and/or heating system assistance programs.

**By signing this application, I verify that the Social Security number associated with my name related to this application is my Social Security number and I authorize the use of my Social Security number for the purposes above. Other adult household members (18 years of age or older) must also provide their information and sign below or complete an Application Addendum form.**

Print name of other adult household member(s)	Relation to Applicant	Date of birth	Social Security number	Signature of adult household member authorizing the use of Social Security number for the purposes above

**By signing below, I certify that I am an adult household member, 18 years of age or older, and I have read, or have had read to me in a language I understand, and I agree to the above statements.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Household Member)





## HEAP CHECKLIST/ INSTRUCTIONS

**IMPORTANT NOTES:** Deadline for application intake: April 30, 2023

**PROGRAM SEASON AND COVERAGE OF BENEFIT PAYMENT:** 11/1/2022 TO 4/30/2023

**PLEASE VERIFY INFORMATION ON YOUR APPLICATION. ANSWER ALL QUESTIONS ON THE APPLICATION FORM BEFORE SUBMITTING ALL STATE REQUIREMENTS TO SMOC:**

- **CURRENT COPY OF PHOTO ID OF HEAD OF HOUSEHOLD**
- 
- **PROOF OF CITIZENSHIP** (*please see below*)\*
  - Birth Certificates ( *NO birth records accepted*)
  - US Passport
- Naturalization Paperwork and Green Card, etc. (*Work Authorization Social Security Cards are not accepted as Proof of Citizenship*)

***\*Please call regarding other forms of documents for proof of Citizenship 508-620-2342 or email [fueldocs@smoc.org](mailto:fueldocs@smoc.org)***

- **CURRENT INCOME DOCUMENTATION:**
  - Wages
  - Social Security Benefits-SSA/SSDI/SSI/SSP (*please submit a letter from social security instead of bank statement, if possible*)
  - TANF(TAFDC) or EAEDC
  - Self-employment ( **Current 1040 Tax Return with ALL schedules. If self-prepared, complete 4506-T and Fax to IRS**)
  - Pensions, Interest/Dividend, Odd Jobs, Rental Income, Child Support, Unemployment, Workers Compensation, IRA, Lump Sum, Capital Gains, Veterans Benefits (**PLEASE SEE BACK OF THE PAGE**)
- **CURRENT HOUSING DOCUMENTS:**

**For home owners:** mortgage statement, real state tax bill, home owners insurance, condo fee  
**For renters:** current lease, if subsidized send the tenant profile from your housing authority  
**Tenant at will:** complete and sign the Release Authorization form, SMOC will mail a form to your landlord.  
**If heat is included in rent:** current signed lease contract showing heat is included in rent
- **CURRENT COPY OF HEATING BILL AND 2-SIDED ELECTRIC BILL**
- **STANDARD FORMS TO COMPLETE/SIGN/SUBMIT:**

**Sign application form** Report all household members. All 18 years old and over **MUST** sign the back of the form.

***THERE ARE ONLY 4 TELEPHONE LINES FOR 7000+ CLIENTS; IT'S DIFFICULT TO GET A LIVE PERSON.*** If your application is incomplete or denied, follow instructions on the letter and write a note about any issues/claims and submit proof of your claims. Then email/mail/fax required documents directly to SMOC.

**TO DETERMINE STATUS OF APPLICATION OR PAYMENTS: CALL (508)620-1230 OR 508-620-2342 OR EMAIL: [FUELDOCS@SMOC.ORG](mailto:FUELDOCS@SMOC.ORG)**

## **HEAP ACCEPTABLE INCOME DOCUMENTATION**

**WAGE INCOME:** 4-5 consecutive pay stubs, 30 days prior to application date. Letter from employer on company letterhead that includes gross amount paid and how often paid ONLY if you do not receive paystubs.

**SSA, SSI, SSDI, and SSP:** Current award letter, copy of benefit check, 1099's and **certain** instances bank statements are acceptable.

**VETERANS BENEFITS:** Current award letter, benefit print out, copy of check stub or form 1099.

**PENSION:** Current official statement of benefits, letter from the source, copy of check stub, or form 1099.

**SNAP/WELFARE/EAEDC:** Income verification from DTA/TANF.

**SELF-EMPLOYMENT:** All signed tax forms prepared by an accountant. If self-prepared, you will be required to submit Form 4506-T and we will fax it to IRS to request transcript of records.

**INTEREST/DIVIDENDS:** Forms 1099 INT/DIV/R or bank statements for all checking and saving accounts.

**RENTAL INCOME:** All tax forms prepared by an accountant. If self-prepared, you will be required to submit Form 4506-T and we will request transcript of records from IRS. Copy of signed lease and rent receipts are also acceptable. If you live in the rental property, complete the "Owner Occupied Property Income Worksheet", ONLY if you did not file taxes.

**CHILD SUPPORT/ALIMONY:** Indicate whether or not you receive alimony/ child support from either a non-custodial parent/ ex-spouse by completing the Child Support / Alimony form and submitting corresponding documentation. ***(I.e. Court orders/ divorce decree, DOR History, Checks/money orders, or if unobtainable a notarized statement by giver of support)***

**UNEMPLOYMENT:** Please submit a termination letter from your previous employer, 4 current consecutive check stubs from DUA or DUA print out. A wage match will be conducted. **(NO bank statements accepted)**

**WORKER'S COMPENSATION:** 4 weeks of stubs or statement from employer/insurance/union office showing GROSS amount and frequency of payments.

**LUMP SUM INCOME:** Example; income from sale of stocks/bonds, capital gains, royalties, inheritances, one-time insurance payments, lottery winnings, stipends/fellowships, scholarships (*used for household maintenance*), estate or trust income for current year.

**NO INCOME** Complete and sign the Statements of No Income form

**FINANCIAL SUPPORT:** If receiving financial support from others, submit "Financial Assistance Form" (back of the Low Income/No Income Form- *pink*) which should be completed/notarized by giver of financial support.

**STUDENTS:** If over 18 and a Full-Time student, please submit a letter from the school's registrar office stating you are a Full-Time student.

- **AFTER REVIEWING YOUR SUBMITTED DOCUMENTS, WE WILL THEN DETERMINE IF ANYTHING ELSE IS NEEDED AND NOTIFY YOU IN WRITING.**



## HEATING HELP: Heating Assistance & Energy Efficiency Programs

*The Home Energy Assistance Program provides eligible households with help in paying a portion of their winter heating bills. The program is crucial not only to help pay for the rising cost of heat during our cold New England winters, but also to ensure safety and good health. Many families facing disproportionately high energy costs are forced to make household budget trade-offs that jeopardize children's health, including choosing heat over food or health care.*

*Heating Assistance recipients are also eligible for additional energy-saving programs including Weatherization, a program that helps make the home more efficient and the heating more effective, as well as assistance with water bills. Recipients are also connected to a variety of other services that help ease the burden of energy cost.*



### FY22 Snapshot

*Who we served:*



**≈134,000 households served**



**41% have earned income**



**11% include children 5 & under**



**57% access food stamps**



**54% include elderly (60+)**



**35% include disabled persons**

*People mainly heat their homes with Natural Gas (54%), Oil (27%) and Electric (11%).*

*Fuel Assistance (LIHEAP) is a federally funded program through the Office of Community Services (OCS), Division of Energy Assistance (DEA) and managed in Massachusetts by the Department of Housing and Community Development (DHCD). In FY23, the program will benefit from an estimated at least \$140M in federal resources and possibly up to \$50M in state resources which have been requested. In addition, MA receives more than \$116M combined from federal and investor-owned utility companies for energy conservation and heating programs to assist +26,000 households. The program is provided by a network of 20 community-based organizations including 19 Community Action Agencies, and the City of Cambridge.*

Visit [www.heatinghelpma.org](http://www.heatinghelpma.org) for more information.



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<b>Homeowners and Non-Subsidized Housing Tenants</b>						
<b>Deliverable Fuel (Oil, Propane, Kerosene &amp; Other)</b>	\$1,600	\$1,408	\$1,239	\$1,090	\$1,090	\$960
<b>Utility and Heat-Included-in-Rent</b>	\$1,100	\$968	\$852	\$750	\$750	\$660
<b>High Energy Cost Supplement</b>	TBD	TBD	TBD	TBD	TBD	TBD
<b>Subsidized Housing Tenants</b>						
<b>Deliverable Fuel (Oil, Propane, Kerosene &amp; Other)</b>	\$1,120	\$986	\$867	\$763	\$763	\$672
<b>Utility and Heat-Included-in-Rent</b>	\$770	\$678	\$596	\$525	\$525	\$462
<b>High Energy Cost Supplement</b>	TBD	TBD	TBD	TBD	TBD	TBD
<b>High Energy Cost Supplement (HECS) Thresholds - TBD</b>						

Note: Contact DHCD to determine eligibility for a household of 18 and above.

Sources (Income Level): "Annual Update of the HHS Poverty Guidelines, *Federal Register*, January 21, 2022 (87 FR 3315-3316) and "State Median Income Estimates", USHHS, OCS, DEA, *LIHEAP-IM-2022-04*; Correction to Attachment A, released by USHHS, 6/1/22.

The **Benefit Amount** awarded to eligible households is based on several household factors reflected on this chart. Those include the number of people in a household, their gross income, the energy source, and the housing situation.

The **High Energy Cost Supplement** is an additional benefit provided only to qualifying, eligible LIHEAP households whose previous year's heating source costs exceed the above listed HECS thresholds.

8/16/2022

Visit [www.heatinghelpma.org](http://www.heatinghelpma.org) for more information.



EVERYBODY MATTERS

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

### Child Support/Alimony Documentation Form

Applicant Name: \_\_\_\_\_

Application #: \_\_\_\_\_

If your household receives child support or alimony (spousal support), please complete this form and return it **with the required supporting documentation** to (Agency).

I, \_\_\_\_\_, (Applicant) understand that I will be held liable if I have misstated or understated in any way the child support/alimony my household receives.

Please provide the following information grouped by the person providing the household child support/alimony.

#### Noncustodial Parent/Ex-Spouse #1

Name of noncustodial parent or ex-spouse providing the support: \_\_\_\_\_

Name of child(ren): \_\_\_\_\_

☐ The household has NOT received any child support/alimony since \_\_\_\_\_.

OR

☐ The household has **NEVER** received child support/alimony

OR

☐ The household DOES receive child support/alimony. The amount received: \$\_\_\_\_\_ (circle one)  
weekly/bi-weekly/monthly

Is the Applicant the adult household member that receives this support? ☐ Yes ☐ No.

If no, name of other household adult receiving support: \_\_\_\_\_

#### Noncustodial Parent/Ex-Spouse #2

Name of noncustodial parent or ex-spouse providing the support: \_\_\_\_\_

Name of child(ren): \_\_\_\_\_

☐ The household has NOT received any child support/alimony since \_\_\_\_\_.

OR

☐ The household has **NEVER** received child support/alimony

OR

☐ The household DOES receive child support/alimony. The amount received: \$\_\_\_\_\_ (circle one)  
weekly/bi-weekly/monthly

Is the Applicant the adult household member that receives this support? ☐ Yes ☐ No.

If no, name of other household adult receiving support: \_\_\_\_\_

#### **For each source of child support/alimony, one of the following documents is required:**

- Copies of canceled child support/alimony **checks or money orders** from source;
- Copy of the **court order** or **divorce decree** that indicates the amount paid and how often it's paid;
- Copy of an attorney of record or legal agency **letter** representing the Applicant that indicates the amount paid and how often it's paid;
- Notarized letter** from support source;
- Mortgage/rent paid** in lieu of, or in addition to child support/alimony is countable income. A copy of the court order, decree or other legal document specifying the amount and frequency of such payments if required; or,
- Department of Revenue** (1-800-332-2733) payment history.

Signature \_\_\_\_\_ Date \_\_\_\_\_



EVERYBODY MATTERS

SMOC Fuel Assistance

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

### NO INCOME (ZERO INCOME) STATEMENT

*Each adult (ages 18+) household member reporting no income (zero income) is required to complete this statement form.*

**Application #:** \_\_\_\_\_

I, \_\_\_\_\_, certify that I have (**choose one** of the following)

Print Name

☐ **Never** received any income.

**or**

☐ Received no income or money from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
Date last received income/money

Current date or date started to receive income/money again

Indicate the type of income that stopped:

\_\_\_\_\_

Indicate the reason why the income stopped:

\_\_\_\_\_

I authorize (**AGENCY**) to examine my tax return in order to verify my income. I understand that, in the case of a fraudulent statement or misstatement of "no income", I may be liable for the full value of any assistance received and subject to criminal prosecution.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Date



EVERYBODY MATTERS

## SMOC Fuel Assistance

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

#### **LOW-INCOME / NO INCOME FORM**

**(For use in cases of "no income" or when monthly income is equal to or less than \$100.00 after housing costs are deducted.) All sections of this form MUST be completed by Applicant.**

Application #: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Your monthly calculated income of \$\_\_\_\_\_ is within \$100 of your housing cost of \$\_\_\_\_\_.

1) Please explain how you meet your basic living expenses specifically:

Utilities \_\_\_\_\_  
Rent/mortgage \_\_\_\_\_  
Clothing/personal care, medical  
expenses \_\_\_\_\_  
Car and/or transportation expenses \_\_\_\_\_  
Other \_\_\_\_\_

2) Do you have any overdue bills or collection notices? ☐ YES ☐ NO

If Yes, **you must provide copies of those bills/notices.**

☐ Rent ☐ Mortgage ☐ Electric ☐ Gas ☐ Car Loan ☐ Medical

☐ Credit cards ☐ Cable TV ☐ Telephone ☐ Other \_\_\_\_\_

3) Have you: a) made any withdrawals from your bank ☐ YES ☐ NO

*If yes, submit copies of bank statements which show amounts and dates.*

b) received support from others to help meet your living expenses? ☐ YES ☐ NO

NO

*If yes, completed Financial Assistance Statement form. A Financial Assistance Statement is required if the support for others has lasted over 30 days.*

4) How do you obtain food? ☐ SNAP (Food Stamps) ☐ WIC ☐ Other \_\_\_\_\_

5) Do you receive other non-cash assistance? ☐ YES ☐ NO

If yes, please specify: \_\_\_\_\_

**I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true. I understand that I may be liable for the full value of any assistance received as a result of a fraudulent statement or a misstatement of information and subject to criminal prosecution.**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

(print name)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_





EVERYBODY MATTERS  
SMOC FUEL Assistance

## Low Income Home Energy Assistance Program (LIHEAP)

### NO MORTGAGE / NO HOMEOWNER'S INSURANCE STATEMENT

(For homeowner Applicants with no mortgage and/or no homeowner's insurance costs)

Application #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name: \_\_\_\_\_

**I certify that I own my home and no longer have a mortgage (principal and interests) payment. My housing costs are as follows:**

- |                          |                                       |          |
|--------------------------|---------------------------------------|----------|
| <input type="checkbox"/> | MORTGAGE (PRINCIPAL AND INTERESTS)    | \$ _____ |
| <input type="checkbox"/> | HOMEOWNER'S INSURANCE POLICY          | \$ _____ |
| <input type="checkbox"/> | REAL ESTATE (MUNICIPAL TAXES)         | \$ _____ |
| <input type="checkbox"/> | CONDO FEES (IF APPLICABLE)            | \$ _____ |
| <input type="checkbox"/> | MOBILE HOME PARK FEES (IF APPLICABLE) | \$ _____ |
| <input type="checkbox"/> | OTHER                                 | \$ _____ |

**TOTAL HOUSING COSTS:** \$ \_\_\_\_\_

**I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true. I understand that, in the case of understatement or misstatement of "no mortgage/no homeowner's insurance", I may be liable for the full value of any assistance received and subject to criminal prosecution.**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
print name

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_