

APPENDIX

Subgrantee List

AJFC COMMUNITY ACTION AGENCY, INC.		COUNTY	PHONE NUMBERS
Carmen Drake, Chief Executive Officer cdrake@cableone.net 1038 North Union Street, Bldg. A Natchez, MS 39120 Office Hours: 8:00 a.m. – 4:30 p.m.	Adams	601-442-8681	
	Claiborne	601-437-5419	
	Copiah	601-894-4745	
	Franklin	601-384-5587	
	Jefferson	601-786-3711	
	Lawrence	601-587-4370	
	Lincoln	601-833-6349	
BOLIVAR COUNTY COMMUNITY ACTION AGENCY, INC.		COUNTY	PHONE NUMBER
Elnora Littleton, Executive Director capdir@bolivarcaa.org 810 E. Sunflower Road, Suite 120 Cleveland, MS 38732 Office Hours: 8:00 a.m. – 4:30 p.m.	Bolivar	662-846-1491	
CENTRAL MISSISSIPPI INC.		COUNTY	PHONE NUMBER
Pamela Gary, Executive Director pgary@cmicsp.org 101 South Central Avenue Winona, MS 38967 Office Hours: 8:00 a.m. – 5:00 p.m.	Attala	662-792-4033	
	Carroll	662-283-4781	
	Grenada	662-226-7953	
	Holmes	662-834-2437	
	Leflore	662-455-3497	
	Montgomery	662-283-4781	
	Yalobusha	662-226-7953	
COAHOMA OPPORTUNITIES, INC		COUNTY	PHONE NUMBER
Edward L. Seals, Executive Director esealscoi@cableone.net P.O. Box 1445 115 Issaquena Avenue Clarksdale, MS 38614 Office Hours: 8:00 a.m. – 5:00 p.m.	Coahoma	662-624-4887	
HINDS COUNTY HUMAN RESOURCE AGENCY		COUNTY	PHONE NUMBERS
Kenn Cockrell, President & CEO kennco@hchra.org 258 Maddox Road Jackson, MS 39212 Office Hours: 8:00 a.m. – 5:00 p.m.	Hinds (Office)	601-923-3950	
	City of Edwards	601-852-8052	
	City of Jackson	601-362-5116	
	Town of Terry	601-362-5116	

JACKSON COUNTY CIVIC ACTION COMMITTEE, INC.		COUNTY	PHONE NUMBER
Vanessa Gibson, Executive Director vgibson@jccac.com P.O. Box 8723 5343 Jefferson Street Moss Point, MS 39563 Office Hours: 8:30 a.m. – 4:30 p.m.	George	601-947-2126	
	Harrison	228-896-1409 228-220-0942	
	Jackson	228-763-3292	
LIFT, INC.		COUNTY	PHONE NUMBER
Dorothy Leasy, Executive Director dleasy@liftcaa.org 2577 McCullough Blvd. Tupelo, MS 38803 Office Hours: 8:00 a.m. – 5:00 p.m.	Calhoun	662-412-2222	
	Chickasaw	662-447-2089	
	Itawamba	662-862-4894	
	Lafayette	662-238-6222	
	Lee	662-842-9511	
	Monroe	662-369-4695	
	Pontotoc	662-489-7329	
	Union	662-534-8104	
MADISON COUNTY CITIZENS SERVICES AGENCY		COUNTY	PHONE NUMBER
Dr. Mary Sims-Johnson, Executive Director mccsadmj@yahoo.com 1005 W. Peace Street Canton, MS 39046 Office Hours: 8:00 a.m. – 5:00 p.m.	Madison	601-855-5710	
MID-STATE OPPORTUNITY, INC.		COUNTY	PHONE NUMBERS
Lynda Bradford, Executive Director midstateopp@bellsouth.net 204 North Church Street Charleston, MS 38921 Office Hours: 8:00 a.m. – 4:45 p.m.	DeSoto	662-895-4153	
	Panola	662-487-3076	
	Quitman	662-326-8131	
	Tallahatchie	662-647-2463	
	Tate	662-562-7733	
	Tunica	662-363-2751	
MULTI-COUNTY COMMUNITY SERVICE AGENCY		COUNTY	PHONE NUMBER
Ronald Collier, Executive Director rcollier@multicountyksa.org 2906 St. Paul Street Meridian, MS 39302 Office Hours: 8:00 a.m. – 5:00 p.m.	Clarke	601-776-3461	
	Jasper	601-787-4844 (Heidelberg) 601-764-2015 (Bay Springs)	
	Kemper	601-743-5752	
	Lauderdale	601-483-4838	
	Neshoba	601-656-7261	
	Newton	601-683-2733	
	Scott	601-469-3061	
	Smith	601-782-9578	
	Wayne	601-735-3470	

NORTHEAST MS COMMUNITY SERVICES	COUNTY	PHONE NUMBER
<p>Steve Gaines, Executive Director sgaines@maxxsouth.net</p> <p>801 Hatchie Street Booneville, MS 38829</p> <p>Office Hours: 8:00 a.m. – 4:30 p.m.</p>	Alcorn	662-286-9263
	Benton	662-224-8912
	Marshall	662-252-2713
	Prentiss	662-728-8141
	Tippah	662-837-9812
	Tishomingo	662-423-7013
PEARL RIVER VALLEY OPPORTUNITY, INC.	COUNTY	PHONE NUMBER
<p>Thomas Morris, Executive Director tmorris@prvoinc.org</p> <p>P.O. Box 188 756 U.S. Highway 98 Columbia, MS 39429</p> <p>Office Hours: 8:00 a.m. – 5:00 p.m.</p>	Covington	601-765-4871
	Forrest	601-545-8110
	Jefferson Davis	601-792-5356
	Jones	601-428-3171
	Lamar	601-794-1093
	Marion	601-736-6077
	Pearl River	601-749-7729 (Picayune)
	Pearl River	601-403-2206 (Poplarville)
	Perry	601-964-8231
	Greene	601-394-2248
	Hancock	228-231-1314
	Stone	601-928-5525
PRAIRIE OPPORTUNITY, INC.	COUNTY	PHONE NUMBER
<p>Laura A. Marshall, Executive Director lamarshall@bellsouth.net</p> <p>P.O. Box 1526 501 Hwy. 12 West, Suite 110 Starkville, MS 39759</p> <p>Office Hours: 8:00 a.m. – 5:00 p.m.</p>	Choctaw/Webster	662-258-8233
	Clay	662-494-4862
	Leake	601-267-4510
	Lowndes	662-328-1669
	Noxubee	662-726-4861
	Oktibbeha	662-323-3397
	Winston	662-773-3465
RANKIN COUNTY HUMAN RESOURCE AGENCY	COUNTY	PHONE NUMBER
<p>Mark Dearman, Executive Director mdearman.rchra@gmail.com</p> <p>1545 West Government Street, Suite C Brandon, MS 39042</p> <p>Office Hours: 8:00 a.m. – 5:00 p.m.</p>	Rankin	601-825-1309

SOUTH CENTRAL COMMUNITY ACTION AGENCY		PHONE NUMBER
Sheletta Buckley, Executive Director sbuckley@yoursccaa.com P.O. Box 6590 3891 I-55 South Frontage Road Jackson, MS 39212 Office Hours: 8:00 a.m. – 5:00 p.m.	Hinds (WX)	769-235-8224
	Madison (CSBG/WX)	601-407-5473
	Rankin	601-824-8844/ 601-825-1309
	Simpson	601-847-5552
	Walthall (WX)	601-876-6363
SOUTHWEST MS OPPORTUNITY, INC.		PHONE NUMBER
Keisha Butler, Executive Director kbutler@smocaa.org P.O. Box 1667 4116 Hwy. 51 South McComb, MS 39649 Office Hours: 8:00 a.m. – 4:30 p.m.	Amite	601-225-7878
	Pike	601-684-5593
	Pike	601-249-3034
	Walthall	601-876-4511
	Wilkinson	601-888-4211
SUNFLOWER-HUMPHREYS COUNTIES PROGRESS, INC. COUNTY		PHONE NUMBER
Monica Hope, Chief Executive Officer Mohope11@yahoo.com P.O. Box 908 414 Martin Luther King Drive Indianola, MS 38751 Office Hours: 8:00 a.m. – 5:00 p.m.	Humphreys	662-247-1961
	Sunflower	662-887-1432
WARREN-WASHINGTON-ISSAQUENA-SHARKEY CAA COUNTY		PHONE NUMBER
Jannis Williams, Executive Director jcwilli@wwisca.org P.O. Box 1813 1538 Old Leland Road Greenville, MS 38701 Office Hours: 8:00 a.m. – 5:00 p.m.	Issaquena	662-873-2595
	Sharkey	662-873-2595
	Warren	601-638-2474
	Washington	662-378-8663
	Yazoo	662-746-1517

Authorization of Release of Information Form

By signing below, I, _____
(Client Name) acknowledge that additional information or documentation may be needed to determine my household's eligibility for assistance. This authorization authorizes _____
(Agency Name) to release or request information on my behalf to the agencies listed below:

- _____
- _____
- _____
- _____

I understand any information obtained will be kept confidential and will only be used for the purposes of determining eligibility or referral services. This authorization will remain effective for one year from the date of my signature or if I withdraw my consent, whichever comes first.

Signature _____
Date

ENERGY VENDOR (Electric/Gas/Wood)

This authorization gives permission to my electric company, _____ and/or gas company _____ and/or wood vendor, _____ to provide information about my account to the Mississippi Department of Human Services, Division of Community Services for the purposes of reporting data to the U.S. Department of Health and Human Services in the LIHEAP Performance Measures Report, and/or eligibility determination, program evaluation, and analysis, including before and after receiving LIHEAP or Weatherization Services. Information to be provided may include, but not be limited to: my annual energy consumption, cost, billing information, payment history, disconnection, past-due amounts and life support status. This authorization will remain effective for one year from the date of my signature. I also understand that this authorization does not guarantee that my household will receive assistance.

Account Name:	Service Address:
Account Number:	SSN <i>(last 4 digits):</i>

Signature _____
Date

Print Name _____
Phone Number

Request for Additional Information (RAI)

AGENCY NAME
Low Income Home Energy Assistance Program (LIHEAP)
Community Services Block Grant (CSBG)
Weatherization Programs (DOE/LIHEAP)

Name: _____
SSN Last 4 Digits: _____ Return By _____

_____ LIHEAP _____ CSBG _____ Weatherization

Your application for assistance is currently **on hold** pending the return of the following missing information:

_____ **Proof that you or your spouse are responsible for the cost of the home energy.** You may submit a bill from your energy vendor (light bill, gas bill, wood bill, etc.) which shows your name or spouse and/or account number or a signed and dated statement from your energy vendor showing that you are responsible for the bill OR a statement from your landlord showing that utilities are included in your rent OR a properly completed and notarized wood vendor verification form if your primary source of heat is wood.

_____ **Proof of bill** (non-energy related, such as mortgage, rent, deed, and tuition assistance):

_____ **Proof of income**

- _____ a. Pay stubs or a statement from your employer for last four weeks of employment. The amount you earned BEFORE deductions (gross income) must be shown.
- _____ b. Supplemental Security Income (SSI) award letter.
- _____ c. Temporary Assistance for Needy Families (TANF) award letter.
- _____ d. Social Security award letter
- _____ e. Veteran's Benefits award letter.
- _____ f. Unemployment income determination letter.
- _____ g. Most recent Federal Income tax return with schedule C (self-employed persons only).
- _____ h. Unemployment card.
- _____ i. Letter from employer stating layoff or termination.
- _____ j. Child Support Verification

_____ **Social Security Cards for** _____

_____ **Affidavit**

- _____ a. Separated Persons _____ c. Unemployed
- _____ b. Zero Income

_____ **Other** _____

If the requested information is not received within ten (10) working days from this date, your application will be denied.

Please return to: Agency Name
Agency Mailing Address
City, MS 39760
Agency Email Address
Phone 601-2xx-0000
Fax 601-2xx-0001

Client's Signature

Case Worker's Signature

Date

Date

AGENCY NAME
Low Income Home Energy Assistance Program (LIHEAP)
Community Services Block Grant (CSBG)
Weatherization Programs (DOE/LIHEAP)

Name: _____

SSN Last 4 Digits: _____ Return By: _____

_____ **LIHEAP** _____ **CSBG** _____ **Weatherization**

Your application for assistance is currently on hold pending the return of the following missing information:

_____ **Proof that you or your spouse are responsible for the cost of the home energy. You may submit a bill from your energy vendor (light bill, gas bill, wood bill, etc.) which shows your name or spouse and/or account number or a signed and dated statement from your energy vendor showing that you are responsible for the bill OR a statement from your landlord showing that utilities are included in your rent OR a properly completed and notarized wood vendor verification form if your primary source of heat is wood.**

_____ **Proof of bill (non-energy related, such as mortgage, rent, deed, and tuition assistance):** _____

_____ **Proof of income:**

_____ a. Pay stubs or a statement from your employer for last four weeks of employment. The amount you earned **BEFORE** deductions (gross income) must be shown.

_____ b. Supplemental Security Income (SSI) award letter.

_____ c. Temporary Assistance for Needy Families (TANF) award letter.

_____ d. Social Security award letter

_____ e. Veteran's Benefits award letter.

_____ f. Unemployment income determination letter.

_____ g. Most recent Federal Income tax return with schedule C (self-Employed persons only).

_____ h. Unemployment card.

_____ i. Letter from employer stating layoff or termination.

_____ j. Child Support Verification

_____ **Social Security Cards for** _____

_____ **Affidavit:** _____ a. Separated Persons _____ c. Unemployed

_____ b. Zero Income _____ d. Other: _____

If the requested information is not received within ten (10) working days from this date, your application will be denied. Please return to:

Agency Name
Agency Mailing Address
City, MS 39760
Agency Email Address
Phone 601-2xx-0000
Fax 601-2xx-0001

Client's Signature

Case Worker's Signature

Date

Date

RFAL-001

PENDING NOTIFICATION OF SERVICES
AGENCY NAME
COMMUNITY SERVICES BLOCK GRANT (CSBG)
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
Application Status

Client Rec Id Number: _____ **Date of this Notice:** _____

Client Name: _____ **Caseworker:** _____

Address:

City, State, Zip:

Grant: LIHEAP/ECIP CSBG

Based on the information provided, you may qualify for service. Your application for assistance has been submitted and is pending approval.

() Pending Approval (LIHEAP)

You have a pending payment in the amount of \$ _____ on account number # _____ with _____.

() Pending Approval (CSBG)

You have a pending payment in the amount of \$ _____ for assistance with _____.

Client's Signature

Date

Caseworker's Signature

Date

**If you are approved, payment may take up to six weeks to post as Credit on your account. If you have any questions, please feel free to contact your local office. You can appeal denial for assistance by completing and returning the attached Fair Hearing Request form within thirty (30) days of the date of a denial notice.

PNSF -01

Mississippi Department of Human Services Division of Community Services (DCS)

Vendor Agreement

The Low-Income Home Energy Assistance Program (LIHEAP) provides assistance to eligible low-income households to pay home energy cost and other energy related services. Payments for assistance will be made by _____ (LIHEAP Agency) on behalf of eligible households to the vendor who provide the primary source of heating, cooling or services named by the applicant. Checks will be issued to the vendor with a list of eligible households attached to it. This vendor agreement is by and between:

LIHEAP Agency:	Address:
LIHEAP Vendor Legal Name:	Address:

By signing this agreement and accepting payments on behalf of eligible households, the energy vendor assures:

- The account number is assigned to each household eligible for energy assistance;
- That eligible households will be charged in a normal business process, the difference between the actual cost of home energy services and the amount of payment made through the program;
- That eligible households will not be treated adversely or differently because of such assistance;
- That there will be no discrimination either in the cost of goods supplied or services provided, against the households on whose behalf payments are made;
- That the amount paid by LIHEAP agency will be credited to individual eligible household indicated on the listing that accompanies the check or ACH deposit;
- To not refuse service or otherwise discriminate in the marketing and provision of service to any applicant because of race, religion, color, national origin, gender, familial status, source of income, level of income, disability, financial status or qualification for low-income or energyefficiency services;
- To not interrupt services if a pledge was sent to Vendor and the agency is meeting the obligations under this agreement;
- That it will cooperate with DCS by providing requested information to DCS regarding annual utility usage and cost for LIHEAP clients, if applicable; and
- To provide at no cost to the LIHEAP Agency, client, or DCS, written information on an applicant household's home energy costs, bill payment history or arrearage history.
- To report any instance of fraud, waste, and abuse concerning customer (clien), agency, employee, or vendor contact the MDHS Divison of Program Integrity at 1-800-299-6905. The report may result in an investigation being conducted.

The energy vendor agrees to handle payments in the following manner:

- Payments must be applied **ONLY to home energy accounts** of the individuals listed, except if: (a) the account is in the name of the spouse who lives at the same address; (b) the account is in the name of a deceased spouse; or (c) verification is obtained from vendor or landlord stating that applicant is responsible for affected utility bill.

- Payments must not be applied to business accounts.
- Payment must be applied only for home energy services. The following payments are prohibited: water, sewer, garbage collections, fraudulent services, meter tampering and returned check fees.
- If, after a payment is credited to the recipient’s account, and a credit balance results, this must be noted in the energy vendor’s record and shown on the recipient’s next bill. **CASH REFUNDS ARE STRICTLY PROHIBITED.**
- If a recipient having a credit balance as a result of LIHEAP benefit shown on the energy vendor’s book should die (without spouse) or move out of the State of Mississippi, any amount exceeding the balance owed your company must be refunded to _____ (LIHEAP Agency) within 60 days. Refunds must be identified with the year credit occurred, name, address, and account number of the recipient.
- If a recipient having a credit balance as a result of LIHEAP benefit moves to a different region of the state and with current vendor, the credit balance may be transferred, provided the recipient notifies the vendor of the name and new account number. In the event that no request was made by the recipient within a reasonable time frame, the credit balance must be refunded to _____ (LIHEAP Agency) within 60 days.
- Refund any interest resulting from unused LIHEAP payment made on behalf of the client, when a client no longer needs service due to relocation, death, etc.
- All recipient accounts should be credited immediately, but no later than ten (10) days after receipt of check from _____ (LIHEAP Agency). It is important that all branch offices are contacted to ensure that recipients’ accounts are credited in a timely manner.
- The energy vendor agrees to provide at least one contact person to _____ (LIHEAP Agency) who will ensure that all accounts are credited and answer questions concerning utility shut off and direct vendor payments.

By signing this agreement and pledging payments of eligible households, the LIHEAP agency assures:

- To not provide pledges on behalf of recipients without having adequate funds to pay such pledge;
- Pledges will be made **only** on approved applications in Virtual ROMA.
- Payment will occur within twenty (20) business days after application has been approved.
- Provide Vendor with a list of names, telephone numbers and email addresses of Agency staff designated to approve pledges on behalf of the Agency and LIHEAP recipients.

The State of Mississippi may terminate this agreement by written notice for failure of either party to comply with the provisions stated herein or when it is deemed to be in the best interest of the State, client, or to comply with the LIHEAP statute.

Signature of LIHEAP Agency Officer

Signature of Energy Vendor Officer

Printed Name & Title

Printed Name & Title

Revised 05/08/19

Date

Date



Revised 05/08/19

Agency Name
 Agency Address
 City, State 12345



Wood Vendor Verification Form

Name of Vendor: _____
 Vendor Address: _____

Phone Number of Vendor: _____

Vendor's Tax ID/SSN: W9 on file: Yes No

Client Name: _____
 Client Address: _____

Last 4 Digit of Client's SSN: ____ Client Record ID: _____

<u>Date Purchased</u>	<u>Number of Cords Purchased (Qty)</u>	<u>Cost of Cords (\$)</u>
Oct	Oct	Oct
Nov	Nov	Nov
Dec	Dec	Dec
Jan	Jan	Jan
Feb	Feb	Feb
Mar	Mar	Mar
Apr	Apr	Apr
May	May	May
Jun	June	June
Jul	Jul	Jul
Aug	Aug	Aug
Sep	Sep	Sep

NOTIFICATION OF SERVICES
AGENCY NAME
COMMUNITY SERVICES BLOCK GRANT (CSBG)
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
Application Status

Client Rec Id Number: _____ **Date of this Notice:** _____

Client Name: _____ **Caseworker:** _____

Address: _____, **City, State, Zip:** _____
Grant: LIHEAP/ECIP CSBG

LIHEAP Approved

You have been approved for payment in the amount of \$ _____ on account number # _____ with _____.

You have been approved for payment in the amount of \$ _____ on account number # _____ with _____.

CSBG Approved

You have been approved for payment in the amount of \$ _____ for _____ (domain) assistance with your _____.

Denied

Regretfully, your application can not be approved at this time. The denial of your application was based on the following reason(s):

- Your income exceeds the established eligibility guidelines;
- You have reached the maximum LIHEAP benefit within your available Energy Type;
- Information obtained from you and /or other sources is insufficient to finalize eligibility determination;
- You did not return requested additional information within ten days;
- No agency funds available;
- Out of compliance with prior approved Case Management Service Plan. Client may be denied monetary assistance; however, non-monetary assistance may be available; (***CSBG Only***)
- Other explanation, if applicable.

**If you were approved, payment will take approximately three (3) weeks to six (6) weeks to post as Credit on your account. If you have any questions, please feel free to contact your local office. You can appeal denial for assistance by completing and returning the attached Fair Hearing Request form within thirty (30) days of the date of a denial notice.

FEDERAL POVERTY GUIDELINES EFFECTIVE

WX: 7/1/2020 / CSBG

<u>Effective Dates</u>		<u>10/1/2020</u>	<u>COVID 10/1/2020</u>	<u>10/1/2020</u>
<u>CSBG, LIHEAP, LIHEAP WX, DOE</u>				
<u>WX</u>		<u>CSBG</u>	<u>DOE/LIHEAP WX/CSBG COVID</u>	<u>LIHEAP</u>
	<i>1</i>	<i>1.25</i>	<i>2</i>	\$ 39,982
Number in Household	100 % Category	125% Category	200% Category	60% State Median Income
unit	Percent of Poverty	Percent of Poverty	Percent of Poverty	Percent of Poverty
1	\$12,760	\$15,950	\$25,520	\$20,791
2	\$17,240	\$21,550	\$34,480	\$27,188
3	\$21,720	\$27,150	\$43,440	\$33,585
4	\$26,200	\$32,750	\$52,400	\$39,982
5	\$30,680	\$38,350	\$61,360	\$46,379
6	\$35,160	\$43,950	\$70,320	\$52,776
7	\$39,640	\$49,550	\$79,280	\$53,976
8	\$44,120	\$55,150	\$88,240	\$55,175
9	\$48,600	\$60,750	\$97,200	\$56,375
10	\$53,080	\$66,350	\$106,160	\$57,574
11	\$57,560	\$71,950	\$115,120	\$58,774
12	\$62,040	\$77,550	\$124,080	\$59,973
13	\$66,520	\$83,150	\$133,040	\$61,172
14	\$71,000	\$88,750	\$142,000	\$62,372
15	\$75,480	\$94,350	\$150,960	\$63,571
16	\$79,960	\$99,950	\$159,920	\$64,771
17	\$84,440	\$105,550	\$168,880	\$65,970
18	\$88,920	\$111,150	\$177,840	\$67,170
19	\$93,400	\$116,750	\$186,800	\$68,369
20	\$97,880	\$122,350	\$195,760	\$69,569
For each additional family member add:	4480	5600	8960	Contact MDHS/DCS@20 members for LIHEAP

2021 LIHEAP BENEFIT MATRIX (Fuel Types)

Household Data	HH Size / Income	Energy Types					
	Household Size of 1	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	0 – 3190	800	700	700	400	1500	1500
	3191 – 6380	750	650	650	360	1400	1400
	6381 – 9570	700	600	600	320	1300	1300
	9571 – 12760	650	550	550	280	1200	1200
	12761 – 15950	600	500	500	240	1100	1100
	15951- 20791	550	450	450	200	1000	1000
	Over 20,791.49 for HH of 1	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 2	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 -4310	800	700	700	400	1500	1500
	4311 – 8620	750	650	650	360	1400	1400
	8621 – 12930	700	600	600	320	1300	1300
	12931 – 17240	650	550	550	280	1200	1200
	17241 – 21550	600	500	500	240	1100	1100
	21550 – 27188	550	450	450	200	1000	1000
	Over \$27,188.49 for HH of 2	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
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	Household Size of 3	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 5430	800	700	700	400	1500	1500
	5431 - 10860	750	650	650	360	1400	1400
	10861 - 16290	700	600	600	320	1300	1300
	16291 - 21720	650	550	550	280	1200	1200
	21721 - 27150	600	500	500	240	1100	1100
	27151 - 33585	550	450	450	200	1000	1000
	Over 33,585.49 for HH of 3	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 4	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 6550	800	700	700	400	1500	1500
	6551 - 13100	750	650	650	360	1400	1400
	13101 - 19650	700	600	600	320	1300	1300
	19651 - 26200	650	550	550	280	1200	1200
	26201 - 32750	600	500	500	240	1100	1100
	32751 - 39982	550	450	450	200	1000	1000
	Over 39,982.49 for HH of 4	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 5	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 7670	800	700	700	400	1500	1500
	7671 - 15340	750	650	650	360	1400	1400
	15341 - 23010	700	600	600	320	1300	1300
	23011 - 30680	650	550	550	280	1200	1200
	30681 - 38350	600	500	500	240	1100	1100
	38351 - 46379	550	450	450	200	1000	1000
	Over 46,379.49 for HH of 5	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 6						
Income is between	0 - 8790	800	700	700	400	1500	1500
	8791 - 17580	750	650	650	360	1400	1400
	17581 - 26370	700	600	600	320	1300	1300
	26371 - 35160	650	550	550	280	1200	1200
	35161 - 43950	600	500	500	240	1100	1100
	43951 - 52776	550	450	450	200	1000	1000
	Over 52,776.49 for HH of 6	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 7						
Income is between	0 - 9910	800	700	700	400	1500	1500
	9911 - 19820	750	650	650	360	1400	1400
	19821 - 29730	700	600	600	320	1300	1300
	29731 - 39640	650	550	550	280	1200	1200
	39641 - 49550	600	500	500	240	1100	1100
	49551 - 53976	550	450	450	200	1000	1000
	Over 53,976.49 for HH of 7	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 8						
Income is between	0 - 11030	800	700	700	400	1500	1500
	11031 - 22060	750	650	650	360	1400	1400
	22061 - 33090	700	600	600	320	1300	1300
	33091 - 44120	650	550	550	280	1200	1200
	44121 - 55175	600	500	500	240	1100	1100
	Over 55,175.49 for HH of 8	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 9						
Income is between	0 - 12150	800	700	700	400	1500	1500
	12151 - 24300	750	650	650	360	1400	1400
	24301 - 36450	700	600	600	320	1300	1300
	36451 - 48600	650	550	550	280	1200	1200
	48601 - 56375	600	500	500	240	1100	1100
	Over 56,375.49 for HH of 9	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 10						
Income is between	0 - 13270	800	700	700	400	1500	1500
	13271 - 26540	750	650	650	360	1400	1400
	26541 - 39810	700	600	600	320	1300	1300
	39811 - 53080	650	550	550	280	1200	1200
	53081 - 57574	600	500	500	240	1100	1100
	Over 57,574.49 for HH of 10	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 11						
Income is between	0 - 14390	800	700	700	400	1500	1500
	14391 - 28780	750	650	650	360	1400	1400
	28781 - 43170	700	600	600	320	1300	1300
	43171 - 58774	650	550	550	280	1200	1200
	Over 58,774.49 for HH of 11	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 12						
Income is between	0 - 15510	800	700	700	400	1500	1500
	15511 - 31020	750	650	650	360	1400	1400
	31021 - 46530	700	600	600	320	1300	1300
	46531 - 59973	650	550	550	280	1200	1200
	Over 59,973.49 for HH of 12	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 13						
Income is between	0 - 16630	800	700	700	400	1500	1500
	16631 - 33260	750	650	650	360	1400	1400
	33261 - 49890	700	600	600	320	1300	1300
	49891 - 61172	650	550	550	280	1200	1200
	Over 61,172.49 or HH of 13	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 14						
Income is between	0 - 17750	800	700	700	400	1500	1500
	17751 - 35500	750	650	650	360	1400	1400
	35501 - 53250	700	600	600	320	1300	1300
	53251 - 62372	650	550	550	280	1200	1200
	Over 62,372.49 for HH of 14	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 15						
Income is between	0 - 18870	800	700	700	400	1500	1500
	18871 - 37740	750	650	650	360	1400	1400
	37741 - 56610	700	600	600	320	1300	1300
	56611 - 63571	650	550	550	280	1200	1200
	Over 63,571.49 for HH of 15	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 16						
Income is between	0 - 19990	800	700	700	400	1500	1500
	19991 - 39980	750	650	650	360	1400	1400
	39981 - 59970	700	600	600	320	1300	1300
	59971 - 64771	650	550	550	280	1200	1200
	Over 64,771.49 for HH of 16	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 17						
Income is between	0 - 21110	800	700	700	400	1500	1500
	21111 - 42220	750	650	650	360	1400	1400
	42221 - 63330	700	600	600	320	1300	1300
	63330 - 65970	650	550	550	280	1200	1200
	Over 65,970.49 for HH of 17	0	0	0	0	0	0