

Randolph County DSS
P.O. Box 3239
Asheboro, NC 27204-3239



Application ID: 154977467
Date Generated: 11-09-2020

Randolph County DSS
P.O. Box 3239
Asheboro, NC 27204-3239



LOW INCOME ENERGY ASSISTANCE PROGRAM NOTICE

Dear [REDACTED]:

Based on information you provided on your Low Income Energy Assistance Program (LIEAP) application last year, you may be eligible for a LIEAP payment this year if your heating service is still active. Below is the information you provided on your last year's application. Please review to make sure it is still correct. If there are any changes or updates, contact your local Department of Social Services by 11-24-2020. If your county has already contacted you to update information, no action is needed. If no changes are reported, the information below will be used to process your LIEAP application for this year. Once your application is processed, you will receive a notice in the mail. If your application is approved your benefit will be sent directly to your primary heating utility company.

You do not need to come to your local Department of Social Services office to apply for LIEAP this year, this serves as your application.

If you do not want to receive a LIEAP payment through this process, please contact your local Department of Social Services.

Please review the following information and report any changes:

Applicant Full Name: [REDACTED]
Income: Social Security \$940.00
Expense:
Resource: Checking Account \$100.00

Household Member Full Name: [REDACTED]
Income: SSI \$223.00
Expense:
Resource:

Household Member Full Name: [REDACTED]
Income: SSI \$771.00
Expense:
Resource:

Household Member Full Name: [REDACTED]
Income:
Expense:
Resource:



Active Energy Provider Details

Heating Energy Provider: DUKE ENERGY PROGRESS - RANDOLPH

Account Holder Name: [REDACTED]

Account Number: [REDACTED]

Fuel Type: Electricity

For households over 5 see other members listed below.

If any information above needs updating such as changes to your household members or income, please contact your local DSS or document the changes below and mail this form back to your local DSS.

Please provide your telephone number so we can call you if needed: _____

If you have any questions about this notice, please contact your local Department of Social Services office at 336-683-8000.

Other household members:

Household Member Full Name: [REDACTED]

Income:

Expense:

Resource:

Household Member Full Name: [REDACTED]

Income:

Expense:

Resource:

Household Member Full Name: [REDACTED]

Income:

Expense:

Resource:

Household Member Full Name: [REDACTED]

Income:

Expense:

Resource:

Household Member Full Name: [REDACTED]

Income:

Expense:

Resource:

Household Member Full Name: [REDACTED]

Income:

Expense:

Resource:

Household Member Full Name: [REDACTED]

Income: Wages, Sal/Tips \$1,013.81; Wages, Sal/Tips \$0.00

Expense:

Resource:

Energy Application (154971755)

Energy Application
154971755
 Application Date 11/9/2020
 Preferred Contact Mail/Post
 Interpreter Not Requested

Submitted

Primary
 Client

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Application Details



Submitted Date Time 11/9/2020 15:36

Method of Receipt In-Person

Program Applied For

Program	Disposition	Disposed On
Low Income Energy Assistance Program (LIEAP)	Pending	

Alerts and Timers

Program	Timer	Days Left
Low Income Energy Assistance Program (LIEAP)	Milestone LIEAP	-8

LIEAP Verification Details

Last Verification Received 11/9/2020

Verification Comments C/S she is disabled and needs assistance

Energy Application (154971755)



Primary



Client

Energy Application

154971755

Application Date 11/9/2020

Preferred Mail/Pos

Contact

Interpreter Not

Authorize Program...

Edit Application Information...

Change Owner To Me...

Cancel Energy Payments...

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Application Details



Submitted Date Time

11/9/2020 15:36

Method of Receipt

In-Person

Program Applied For

Program	Disposition	Disposed On
Low Income Energy Assistance Program (LIEAP)	Pending	

Low Income Energy Assistance Program (LIEAP)

Pending

Alerts and Timers

Program	Timer	Days Left
Low Income Energy Assistance Program (LIEAP)	Milestone LIEAP	-8

Low Income Energy Assistance Program (LIEAP)

Milestone LIEAP

-8

LIEAP Verification Details

Last Verification Received

11/9/2020

Verification Comments

C/S she is disabled and needs assistance

Shortcuts

Smart Panel

Review The Claimant's Answers



Energy Providers

Add

	Provider Name	Is this vendor providing the household's primary heating source?	Account Number	Source Status	Amount Needed to Alleviate Crisis	Pre-Paid Metering	Action
✓	DUKE ENERGY - ORANGE	Yes	[REDACTED]	Household has past due or shut-off notice	84.09	No	Edit Delete

Household Electric Vendor

Household Electric Vendor	Action
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Close

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Review The Claimant's Answers



Income Details

Add +

First Name	Type	Current Month Amount	Prior Month Amount	Verification Item	Action
 	SSI	806.00	806.00	Online Verification	EditDelete
 	Wages, Salaries, Tips	1,100.00	1,524.19	Pay Stub / Earning Statement	EditDelete

Expense Details

Add +

First Name	Type	Current Month Amount	Prior Month Amount	Verification Item	Action
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Close

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Review The Claimant's Answers



American	Alaskan Native		Islander	Caucasian			
Yes	No	No	No	No	No	Edit	

People in Claimant's Home

Other Home Members

Add

First Name	Last Name	Gender	Date of Birth	Citizenship	Disabled	DAAS	Veteran Military	Action
		Female		U.S. Citizen				Edit Delete

Energy Information

Benefits Issued in the Current Fiscal Year

Close

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LIEAP Verification Details



About The Claimant



The Claimant's Home



Household Details



Summary



Eligibility Results



LIEAP Verification Details

[Print](#)

Time Remaining: 29:45

LIEAP Verification Details

[Help](#)

Last Verification Received Date

11/9/2020



Verification Comments

C/S she is disabled and needs assistance with her energy bill

[Close](#)

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- About The Claimant
- The Claimant's Home
- Household Details
- Summary
- Eligibility Results



Eligibility Results - LIEAP

Print

Time Remaining: 29:34

Eligibility Results - LIEAP

Head of Household	
Eligibility Decision	Not Eligible
Household already received LIEAP Benefit this Fiscal Year?	No
Household Eligible for Early Application Period	Yes
Lumbee or EBCI Household	No
Household Size	2
Eligible Benefit Amount	0.00

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LIEAP Payment Amount Details

Net Income Range	Exceeds Limit
Coal or Wood	No Coal / Wood

Energy Source Status

Is the household's heat source disconnected?	No
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LIEAP Financial Summary

Net Income Test	Fail
Total Net Income	1,940.35
Net Income Limit 130% FPL	1,868.00

Gross Income

Earned Income	1,524.19
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Update Application



Confirm Application Updates

In order to complete the changes to the case information, please select 'Confirm' below.

Changes cannot be applied if the application status is Withdrawn or Denied.

Cancel

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Confirm



Energy Application (155015169)



Primary
66 years



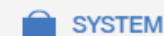
Client
48 years

Energy Application

155015169

Application Date 11/9/2020
Preferred Not
Contact Requested
Interpreter Not

Disposed



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Application Details



Submitted Date Time

11/10/2020 03:31

Method of Receipt

In-Person

Program Applied For

Program	Disposition	Disposed On
Low Income Energy Assistance Program (LIEAP)	Approved	12/5/2020

Alerts and Timers

Program	Timer	Days Left
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LIEAP Verification Details

Last Verification Received

11/9/2020

Verification Comments

Brunswick County DSS
P.O. Box 219
Bolivia, NC 28422



Application ID: 155001997
Worker: [REDACTED]
Case Worker Phone Number: [REDACTED]
Date Generated: 12-05-2020

Brunswick County DSS
P.O. Box 219
Bolivia, NC 28422



ENERGY PROGRAMS NOTICE OF APPROVAL

Dear [REDACTED]

This is to notify you that your Low Income Energy Assistance Program (LIEAP) application has been Approved.

The LIEAP payment will be made directly to the following Heat Energy Provider:

Provider Name: DUKE PROGRESS ENERGY - BRUNSWICK
Amount: \$500.00
Account Number: [REDACTED]
Account Holder Name: [REDACTED]

Please read both pages of this letter carefully, because it is very important to you.
This letter explains the way you may ask for a hearing to appeal the decision of eligibility made in regard to your application for the Low Income Energy Assistance Program (LIEAP).

When to ask for a hearing: If you disagree with this decision, you may ask for a hearing. If you want a hearing, you must ask for it within sixty (60) calendar days from the date of this letter. The last day on which you may ask for a hearing is 02-03-2021.

Read your rights on the back of this form (over).

Energy Application (155015169)

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Programs

Program	Application Date	Disposition	Disposed On	Authorized By	
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▼ Low Income Energy Assistance Program (LIEAP)	11/9/2020	Approved	12/5/2020	SYSTEM	...
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Eligibility Reopen Details Withdrawal Details

Head of Household	
Benefit Amount	\$500.00
Household Net Income	\$602.00
Household Resource Total	\$2.76

Energy Provider	Payment Amount	Payment Issued Date	Payment Status	Payment Request Reference	Payment Type
▶ CARTERET-CRAVEN ELECTRIC MEMBERSHIP CORP. - CARTERET	\$500.00		Pledge Payment Pending	3212805	Regular