**Attached is the 2022-2023 (EAP) application FOR HEATING and/or WATER ASSISTANCE.**

LCCS, Inc. serves as an intake site for EAP.  There will be **NO** walk-in or in-person appointments. We will have drive-up/pick-up application dates and hours, please call our office **(219) 663-0627** or visit our website at [www.lccs.care](http://www.lccs.care) for more information.

Return your application by US postal service or our LCCS DropBox – Monday – Friday (excluding observed holidays) from 8:30 a.m. to 4:00 p.m. located at 1450 E. Joliet Street, outside of Suite 202, Crown Point, Indiana. **WHEN PLACING APPLICATIONS IN THE DROPBOX, PLEASE PUT ALL DOCUMENTS IN AN ENVELOP WITH YOUR NAME AND PHONE NUMBER.** **YOU MUST USE THE CURRENT 2022-2023 APPLICATION.**

**IMPORTANT THINGS TO REMEMBER:**

* **CONTINUE TO PAY YOUR UTILITY BILLS – DO NOT RISK GETTING DISCONNECTED.**
* EAP applications are on a **FIRST COME FIRST SERVE BASIS**. Please note that since all cases are different additional documentation may be required.
* If you have a **DISCONNECTION NOTICE**, contact your utility provider to arrange to stay connected and avoid interruption of services while awaiting your application processing.
* It will take up to 55 days to process your application from the date you submit a completed application. The 55 days processing start on the official heating season **opening date of November 1, 2022.**
* The approved EAP benefit **will take up to 120 days for payment** to show up on your utility bill, after the November 1st program start date. For example, if you apply on November 1st your payment may not show up on your utility bill until the end of February (120 days later).
* Please provide **ALL PAGES** of your utility bills (gas, electric and/or water)
* Do not send original driver’s licenses, social security cards, etc. **COPIES ARE TO BE MADE PRIOR TO SUBMITTING YOUR APPLICATION. NO COPIES WILL BE MADE AT OUR OFFICE.**
* REVIEW PROPER PROOF OF ALL INCOME SOURCES (in the application instructions).
	+ Unemployment Benefits REQUIRE THE **PRINTED BENEFIT SUMMARY** FROM UPLINK (DWD).
	+ PROVIDE **ALL PAGES** OF THE SOCIAL SECURITY AWARD LETTER OR BENEFIT LETTER.
	+ DO NOT **BLACK OUT** BANK STATEMENT INFORMATION.
* Veterans, please provide **Proof of Military** service/status.

Below are the EAP program income limits for reference.

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| **Persons in Household** | **Monthly Income** | **Three-Month Income** |
| **1** | **$2,318** | **$6,954** |
| **2** | **$3,032** | **$9,096** |
| **3** | **$3,746** | **$11,238** |
| **4** | **$4,459** | **$13,377** |
| **5** | **$5,173** | **$15,519** |
| **6** | **$5,886** | **$17,658** |
| **7** | **$6,020** | **$18,060** |
| **8** | **$6,154** | **$18,462** |
| **9** | **$6,288** | **$18,864** |
| **10** | **$6,421** | **$19,263** |