



## City of Thibodaux

# **HELP YOUR NEIGHBOR** ... *A Utility Assistance Program for Eligible Senior Citizens*

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*“The purpose of the Help Your Neighbor Utility Assistance Program is to help senior citizens and disabled persons in Thibodaux pay their city utility bills—water, gas, sewer, and garbage collection. In partnership with the community, 100% of the funds donated to the program will go directly to help Thibodaux residents in need of assistance.”*

### **PROGRAM GUIDELINES**

1. Recipient must reside within the corporate city limits of Thibodaux and be at least 60 years old or disabled/handicapped who is currently facing a serious financial or health emergency.
2. To qualify for assistance, the individual or household income shall be based on the net income if on Social Security or the gross income if employed and shall not exceed the current U. S. Poverty Income Guidelines.
3. Qualified individuals or households may receive two payments of up to \$100.00 each per year to pay for city utilities as monies are available in the Help Your Neighbor fund.
4. Recipients should be either head of household or the party in whose name the utility service is listed.
5. All funds for payment for utilities shall be distributed by check or voucher by the Lafourche Council on Aging and made payable to the City of Thibodaux.
6. Assistance will be provided to meet emergency utility needs including payment of the following:
  - Water, sewer, gas, or waste disposal service bills
7. Eligibility criteria shall include:
  - Gross annual household income
  - Thibodaux resident
  - Community and personal resources available
  - Medical or health needs
  - Utility bill with person(s) in whose name service is listed and their relationship to the applicant
8. Applicant must be willing to provide the following information to the Lafourche Council on Aging:
  - Information necessary to complete the application process
  - Signed release of confidential information if necessary
  - Budget information (income and expenses)
  - Verification of age and residence

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If you need assistance, please contact Marion Lavergne with the Lafourche Council on Aging at (985) 532-0457 to schedule an appointment and to make an application to determine your eligibility for the program.

**Marion Lavergne, Lafourche Council on Aging, Inc.**  
1-888-879-4400 or (985) 532-0457





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## 2025 Poverty Income Guidelines<sup>1</sup>

<b>Size of Household</b>	<b>Monthly Income is Less Than</b>	<b>Yearly Income is Less Than</b>
1	\$1,630	\$19,563
2	\$2,203	\$26,438
3	\$2,776	\$33,313
4	\$3,349	\$40,188
5	\$3,922	\$47,063
6	\$4,495	\$53,938
7	\$5,068	\$60,813
8	\$5,641	\$67,688
For each additional member add	\$573	\$6,875

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<sup>1</sup> 2025 Poverty Income Guidelines (Legal Mass Services)



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## APPLICATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_  
S.S. #: \_\_\_\_\_

PHONE: \_\_\_\_\_ SEX: \_\_\_F\_\_\_M RACE: \_\_\_\_\_

TOTAL # OF PERSONS IN HOUSEHOLD: \_\_\_\_\_

INCOME AND SOURCE: \_\_\_\_\_

MEDICAL NEEDS: \_\_\_\_\_

NATURE OF REQUEST: \_\_\_\_\_

REASON FOR EMERGENCY: \_\_\_\_\_

UTILITY AND ACCOUNT#: \_\_\_\_\_

NAME ON UTILITY ACCOUNT: \_\_\_\_\_

I, \_\_\_\_\_ affirm that the information given by me for the purpose of receiving assistance from Help Your Neighbor is true to the best of my knowledge. I understand all information furnished by me is subject to verification and hereby agree to permit the Lafourche Council on Aging to contact any source given by me for the purpose of verifying income, utility bills or other information necessary to process the application.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_  
Program Coordinator

Lafourche Council on Aging  
Agency

Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_