HELP YOUR NEIGHBOR … A Utility Assistance Program for Eligible Senior Citizens

“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…” Mayor Charles Caillouet.

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

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
## 2020 Poverty Income Guidelines\(^1\)

<table>
<thead>
<tr>
<th>Size of Household</th>
<th>Monthly Income is Less Than</th>
<th>Yearly Income is Less Than</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,329</td>
<td>$15,950</td>
</tr>
<tr>
<td>2</td>
<td>$1,796</td>
<td>$21,550</td>
</tr>
<tr>
<td>3</td>
<td>$2,263</td>
<td>$27,150</td>
</tr>
<tr>
<td>4</td>
<td>$2,729</td>
<td>$32,750</td>
</tr>
<tr>
<td>5</td>
<td>$3,196</td>
<td>$38,350</td>
</tr>
<tr>
<td>6</td>
<td>$3,663</td>
<td>$43,950</td>
</tr>
<tr>
<td>7</td>
<td>$4,129</td>
<td>$49,550</td>
</tr>
<tr>
<td>8</td>
<td>$4,596</td>
<td>$55,150</td>
</tr>
<tr>
<td>For each additional member added</td>
<td>$467</td>
<td>$5,600</td>
</tr>
</tbody>
</table>

\(^1\) 2020 U. S. Federal Poverty Income Guidelines (Legal Mass Services)
City of Thibodaux

HELP YOUR NEIGHBOR PROGRAM

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.

__________________________________________ Applicant’s Signature

Date

RECOMMENDATION: ________________________________________________________________

__________________________________________ Date: __________

Program Coordinator Lafourche Council on Aging Agency

Action Taken: ______________________________

Program Coordinator Agency