

Share the Warmth

WON'T YOU PLEASE HELP?

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

I will contribute \$ _____ per month to Project Share.

I understand this amount will be included with my monthly utility bill.

I have enclosed a \$ _____ donation to Project Share.

CONTRIBUTIONS TO PROJECT SHARE ARE TAX DEDUCTIBLE

Need assistance? See below for information on the Low Income Home Energy Assistance Program (LIHEAP)



Project Share

helps those less fortunate pay their winter utility bills.

Project Share (PS) is a voluntary energy assistance program that helps people in Muscatine pay their winter utility bills. You can help by adding a regular contribution to your monthly utility payment or by making a donation directly to Project Share. A social service agency will then distribute funds to qualified families. **Fill out and detach this form, then return it to us with your next payment.**

For more information, call MP&W at 263-2631.

DETACH & RETURN

ATTENTION: RESIDENTIAL CUSTOMERS! NEED HELP WITH YOUR HEATING BILL?

The 2016-2017 Low-Income Home Energy Assistance Program (LIHEAP) has been established to help qualifying low-income Iowa homeowners and renters pay for a portion of their primary heating costs for the winter heating season. The assistance is based on household income, household size, type of fuel, and type of housing. If you are not sure where to apply, please write to:

**LIHEAP c/o Community Action of Eastern Iowa
1903 Park Avenue #18 Muscatine, IA 52761 or call 563-263-9290**

WHEN TO APPLY

- **Elderly** (60 & over) **and/or disabled:** October 3, 2016 to April 28, 2017.
- **All other households:** November 1, 2016 to April 28, 2017.

WHAT TO TAKE:

- **Proof of Income (for all household members age 19, and over)**
Most recent 3 months' check stubs,

award letter from Social Security or 2015 tax return.

- **Social Security numbers for all household members (documentation required).**

- **Recent heat bill**
- **Recent electric bill**

WAGE EARNERS:

Please bring copies of your check stubs

for the three-month period preceding the date of application, or a copy of your federal income tax return.

FIXED INCOME:

This income may include: Social Security Benefits, Supplemental Security Income, Family Investment Program, Veteran's Assistance, Unemployment Insurance, and pensions. Please bring copies of your most recent 3 months' check stubs.

INCOME MAXIMUMS

Household Size	Three Month Gross Income	Annual Gross Income
1	\$5,198	\$20,790
2	\$7,009	\$28,035
3	\$8,820	\$35,280
4	\$10,631	\$42,525
5	\$12,443	\$49,770
6	\$14,254	\$57,015
7	\$16,069	\$64,278
8	\$17,889	\$71,558

For households with more than eight members, add \$1,820 per three months or \$7,280 annually for each additional member.

SELF-EMPLOYED/FARMERS:

Please bring a copy of your most recent federal income tax return.

FIP RECIPIENTS:

Please bring your current DHS Notice of Decision or contact your local office for acceptable document information.

If you receive alimony, child support, foster care or adoption assistance income it will also need to be verified.

If you would like to help needy families in our community, see above for information on MP&W's Project Share.