

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."

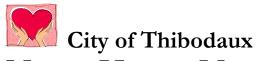
PROGRAM GUIDELINES

- 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





HELP YOUR NEIGHBOR PROGRAM

2024 Poverty Income Guidelines¹

Size of	Monthly Income is Less Than	Yearly Income is Less Than
Household		
1	\$1,569	\$18,825
2	\$2,129	\$25,550
3	\$2,689	\$32,275
4	\$3,250	\$39,000
5	\$3,810	\$45,725
6	\$4,371	\$52,450
7	\$4,931	\$59,175
8	\$5,492	\$65,900
For each additional member add	\$560	\$6,725

¹ 2024 Poverty Income Guidelines (Legal Mass Services)



APPLICATION			
NAME:	DATE OF BIRTH: _		
ADDRESS:	AGE:		
	S.S. #:		
PHONE:			
	N HOUSEHOLD:		
NATURE OF REQUEST: _			
REASON FOR EMERGEN	ICY:		
	·#:		
NAME ON UTILITY ACC	OUNT:		
of receiving assistance from information furnished by me	affirm that the information given by Help Your Neighbor is true to the best of my knowledge. e is subject to verification and hereby agree to permit the Larce given by me for the purpose of verifying income, utility ocess the application.	I understand all afourche Council	
Date	Applicant's Signature		
RECOMMENDATION:			
	Lafourche Council on Aging 1	Date:	
Program Coordinator	Agency		
Action Taken:			