

PAPER APPLICATION

Illinois Low Income Home Energy Assistance Program (LIHEAP) / Illinois Home Weatherization Assistance Program (IHWAP)

To contact the Energy Assistance Hotline: (Toll Free) (877) 411-9276

AppID#: _____

Does Customer bill reflect service from Alternative Supplier? If Yes, add name of supplier _____

To report LIHEAP/IHWAP fraud or abuse:
 Department of Commerce & Economic Opportunity
 Office of Energy Assistance
 Attn: Fraud Unit, 500 E. Monroe, Springfield, IL 62701
 To check the status of your application, please go to www.illinoisliheap.com/status

Agency: _____ Intake Site: _____

County: _____ PY: _____ Application Date: _____ Service Requested: _____ JOB#: _____

HOH	SSN	Name	Gen	Date of Birth	Eth	Eman	Dis	Vet	Wages	SSA	Unempl	SSI	TANF	GA	Oth				
-**-*																			
-**-*																			
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-**-*																			
-**-*																			
-**-*																			
Dwelling Type: SF 2-4 5-10 11+ MH GH SRO Rent: \$												Totals:	0	0	0	0	0	0	0
Shelter Own: _____ Subh _____ SNAP _____ Veteran _____												Total Income:	.0						

REFERRAL:	Medicaid	SSI	Unemployment	Nutrition	Life Line
Safe place _____	Child care _____	Energy Cons. Tips _____	Budget _____	Aging _____	Other _____

ADDRESS: _____ Service Address: Street _____ Zip _____
 City: _____
 Phone: (____) _____ (Home, cell, neighbor, work, etc.) Cell: (____) _____ (Home, cell, neighbor, work, etc.)
 Phone2: (____) _____ (Home, cell, neighbor, work, etc.) E-Mail: _____ (E-Mail, neighbor, work, etc.)
 Mailing Address: Street _____ Zip _____
 City: _____

PAPER APPLICATION

VENDOR:	
Primary Vendor: _____	Secondary Vendor: _____
Client Pays: _____ Med Cert: _____	Client Pays: _____ Med Cert: _____
COR: _____	COR: _____
Fuel _____ Acct # _____	Fuel _____ Acct # _____
Status _____	Status _____
Primary Energy Bill _____ / /	Secondary Energy Bill _____ / /
Prior Weatherization Date _____ / /	LHEAP Furnace Date _____ / /
Re-Determination IHWAP _____ / /	Documentation: Rec'd _____
Eligible Due to : 50%Rule _____	Eligible Due to : Income _____
Eligible Due to : HTF _____	Household Income _____ / /
Eligible Due to : LIHEAP _____	Household SS#'s _____
Eligible Due to : 66%Rule _____	Home Ownership _____ / /
Eligible Due to : Auto _____	

SUPPLEMENTAL QUESTIONS

1. Currently Have a Past Due Notice for Primary Vendor/Main Heating Fuel : _____ (Required)
2. Supplemental Heating Fuel (Select one): _____
3. Main Cooling Equipment (Choose one): _____
4. Number of Sleeping Rooms in the Home: _____
5. A/C Location (Choose one): _____
6. Number of Air Conditioner Units in the Home: _____

Please read and Sign:

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Low Income Home Energy Assistance Act of 1981 as amended. Disclosure of this information is REQUIRED. Failure to provide any information will result in this application not being processed. This application has been approved by the State Forms Management Center.

Applicant Statement: I certify that the information I have provided above is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is either a US citizen or an eligible Illinois resident regardless of immigration status according to the LIHEAP/IHWAP rules. I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in LIHEAP/IHWAP. I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis. I have received information outlining my appeal rights.

I understand that filling out this application does not guarantee that my household will receive assistance. The purpose of this document is to provide a summary of the application to the customer for future reference.

Signature of Applicant _____	Date _____ / _____ / _____	Eligibility Verification/Determination Signature _____	Date _____ / _____ / _____
Signature of Intake Worker _____	Date _____ / _____ / _____	Payment Authorization Signature _____	Date _____ / _____ / _____

I understand all income sources, for all household members, will be further verified by the State of Illinois. _____

HOUSEHOLD MEMBER INFORMATION SHEET

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD TODAY? _____

APPLICANT INFORMATION
AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____ - _____ - _____
RACE _____
ETHNIC GROUP:
LATINO _____ NON LATINO _____
SEX _____
DISABLED YES _____ NO _____

INCOME
WAGES _____
SOC. SECURITY _____
UNEMPLOYMENT _____
SSI _____
TANF _____
AABD _____
OTHER _____
TOTAL INCOME _____

HOUSEHOLD MEMBER INFORMATION
AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____ - _____ - _____
RACE _____
ETHNIC GROUP:
LATINO _____ NON LATINO _____
SEX _____
DISABLED YES _____ NO _____

INCOME
WAGES _____
SOC. SECURITY _____
UNEMPLOYMENT _____
SSI _____
TANF _____
AABD _____
OTHER _____
TOTAL INCOME _____

Relationship to Applicant _____

HOUSEHOLD MEMBER INFORMATION
AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____ - _____ - _____
RACE _____
ETHNIC GROUP:
LATINO _____ NON LATINO _____
SEX _____
DISABLED YES _____ NO _____

INCOME
WAGES _____
SOC. SECURITY _____
UNEMPLOYMENT _____
SSI _____
TANF _____
AABD _____
OTHER _____
TOTAL INCOME _____

Relationship to Applicant _____

HOUSEHOLD MEMBER INFORMATION
AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____ - _____ - _____
RACE _____
ETHNIC GROUP:
LATINO _____ NON LATINO _____
SEX _____
DISABLED YES _____ NO _____

INCOME
WAGES _____
SOC. SECURITY _____
UNEMPLOYMENT _____
SSI _____
TANF _____
AABD _____
OTHER _____
TOTAL INCOME _____

Relationship to Applicant _____

*** CONTINUE ON BACK WITH ADDITIONAL MEMBERS ***



ENERGY ASSISTANCE PROGRAM CUSTOMER UTILITY RESPONSIBILITY AFFIDAVIT

Applicant's Name: _____ Application Number: _____

Service Address: _____

I, _____, attest to the following information:

Section 1 Complete if the household is responsible for one heat-related utility account.

My household is only responsible for the utility checked and initialed below:

Check		Initial
<input type="checkbox"/>	Natural Gas	
<input type="checkbox"/>	Propane	
<input type="checkbox"/>	Fuel Oil	
<input type="checkbox"/>	Electric	

Check		Initial
<input type="checkbox"/>	Wood	
<input type="checkbox"/>	Coal	
<input type="checkbox"/>	Kerosene	
<input type="checkbox"/>	Other: _____	

My household is not responsible for a _____ utility bill because:

My home is all electric

This utility is included in rent

Other, please explain _____

Section 2 Complete if household is responsible for the utility accounts checked and initialed below.

My household is responsible for the utility accounts checked and initialed below:

Check		Initial
<input type="checkbox"/>	Natural Gas	
<input type="checkbox"/>	Propane	
<input type="checkbox"/>	Fuel Oil	
<input type="checkbox"/>	Electric	

Check		Initial
<input type="checkbox"/>	Wood	
<input type="checkbox"/>	Coal	
<input type="checkbox"/>	Kerosene	
<input type="checkbox"/>	Other: _____	

I did not submit my household's _____ utility bill today because:

I understand I have until ____/____/____ to submit the missing utility bill proof.

Failure to submit the missing utility bill or failure to submit proof to verify the residence of other responsible person by the due date may result in a denial of benefits for that utility. The Applicant will be required to reapply for assistance for the missing utility, if/when applicable. Energy Assistance grant benefits will be awarded based on the availability of funds.

Applicant Signature

Date

Intake Signature

Date

To be completed at Verification:

App Comment entered

Verifier Signature & Date

Do you receive child support?

YES NO

If yes, how often?

Weekly

Bi-Weekly

Monthly

I swear to the fact that I have not received child support in the last 30 days.

Applicant Signature

Date:

EMPLOYMENT INFORMATION

What is your employers pay schedule?

Weekly

Bi-Weekly

Monthly

When are you paid?

Day of the week or days after the period end.

Calendar grid for the month of June, showing days 1-30 and 1-7.

Calendar grid for the month of July, showing days 1-31 and 1-7.

Calendar grid for the month of August, showing days 1-31 and 1-7.

Calendar grid for the month of September, showing days 1-30 and 1-7.

Calendar grid for the month of October, showing days 1-31 and 1-7.

APPLICANTS NAME _____

INCOME AFFIDAVIT

FOR ZERO OR LIMITED INCOME APPLICANTS AND/OR OTHER ADULTS IN HOUSEHOLD

FAILURE TO COMPLETE ALL LINES MAY RESULT IN DENIAL OF APPLICATION

I _____, RESIDE AT _____ AND ATTEST TO THE
FACT THAT I HAVE RECEIVED \$ _____ INCOME FOR THE PERIOD COVERING THE 30 DAYS
PRIOR TO ___/___/____. I MET MY OBLIGATIONS DURING THIS TIME BY _____

<u>LAST PLACE OF EMPLOYMENT</u>
NAME _____
ADDRESS _____
CITY _____
PHONE _____
LAST DATE WORKED _____

<u>HOW HAVE YOU PAID THE FOLLOWING</u>
Rent _____
Utilities _____
Food _____
Landlord's Name _____
Landlord's Phone _____

DID YOU SELL ANY OF YOUR MERCHANDISE TO
PAY A BILL? _____

FRIENDS AND RELATIVES THAT HAVE GIVEN FINANCIAL SUPPORT

NAME _____ PHONE _____
NAME _____ PHONE _____
NAME _____ PHONE _____

IF YOU HAVE BEEN SUPPORTED BY SAVINGS, PROVIDE COPIES OF FINANCIAL DOCUMENTS
SUCH AS BANK STATEMENTS, CHECKING/AND OR SAVINGS, ETC.

I _____ UNDERSTAND THAT TO PERJURE MYSELF IN ORDER TO
SIGNATURE
OBTAIN ASSISTANCE IS A FRAUDULENT OFFENSE FOR WHICH I CAN BE PROSECUTED.

RETURN THIS FORM TO:	TRI-COUNTY OPPORTUNITIES LIHEAP DEPARTMENT P.O. BOX 610 ROCK FALLS, IL 61071
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TURN OVER

APPLICANTS NAME _____

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
UNEMPLOYMENT STATEMENT

APPLICANT'S NAME _____

I _____ SWEAR TO THE FACT THAT I HAVE
NOT RECEIVED ANY UNEMPLOYMENT INCOME FOR THE
PERIOD COVERING THE 30 DAYS PRIOR TO ____/____/____.

PRINT NAME _____

SIGN _____

DATE _____

Resource Referrals for Energy Assistance

Are you interested in budgeting or financial literacy tips to help you manage your household income? http://www.idfpr.com/Consumers/IFLI/IFLI.asp	Yes or No
Are you interested in energy conservation tips for your home or apartment so you can save money on your utility bills? https://www.energystar.gov/	Yes or No
Are you interested in information about SSI (Supplemental Security Income)? https://www.ssa.gov/ssi/	Yes or No
Do you have a safe place to go if you are disconnected from your heat source?	Yes or No
If your residence has not been weatherized in the last 10 years, are you interested in information about the Weatherization Program?	Yes or No
Are you interested in information about the Illinois Department of Aging Community Care In-Home Service? https://www.illinois.gov/aging	Yes or No
If a household member is a Veteran of the United States Armed Forces, would you like information on Veterans Benefits? https://www.illinois.gov/veterans/benefits	Yes or No
Are you interested in information about Unemployment Insurance Benefits and job searches? http://www.ides.illinois.gov	Yes or No
If everyone in your household does not have health insurance, are you interested in information about Medicaid? https://www.illinois.gov/hfs	Yes or No
Are you interested in local food pantries or nutrition programs such as: Women, Infants, and Children (WIC) or SNAP (Food Stamps), &/or Meals on Wheels or group meal sites for the elderly? http://www.wicprograms.org/state/illinois and http://www.dhs.state.il.us	Yes or No
Does anyone in your household receive SNAP (Food Stamps)?	Yes or No
Are you interested in information about Lifeline (monthly phone service discounts)? http://www.phone-bill-assistance.com/lifeline/IL	Yes or No
Are you interested in help with childcare while you work, and/or in pre-school for your child or children? http://ccpoint.org/	Yes or No
How were you referred to LIHEAP? <ul style="list-style-type: none"> <input type="radio"/> Governor's Published Announcement <input type="radio"/> Local News Media <input type="radio"/> Flier(s) <input type="radio"/> LIHEAP event (e.g., energy workshop) <input type="radio"/> Former applicant <input type="radio"/> Other 	
To locate other programs in your area: United Way dial 211, or City of Chicago dial 311	

LOW INCOME HOME ENERGY PROGRAM WORKSHEET
(Note: This is a preliminary form and NOT the actual application)

NAME _____ SOCIAL SECURITY # _____

BIRTHDATE _____ SEX M ___ F ___ DISABLED Y ___ N ___

DO YOU RECEIVE FOODSTAMPS? Y ___ N ___ NUMBER IN HOUSEHOLD? _____

ARE YOU A LEGAL RESIDENT OF THE UNITED STATES? Y ___ N ___

ETHNIC GROUP (Circle One): African American Asian White Hispanic Native American Other

TOTAL HOUSEHOLD INCOME FOR THE LAST 30 DAYS

WAGES _____ SOCIAL SECURITY _____ UNEMPLOYMENT _____

SSI _____ TANF _____ CHILD SUPPORT _____ OTHER _____

STREET ADDRESS _____ APT _____

CITY _____ ZIP CODE _____ COUNTY _____

PHONE # _____ OR _____

DO YOU LIVE IN A SINGLE FAMILY HOME? Y _____ N _____

DO YOU LIVE IN AN APARTMENT? Y _____ N _____

IF YES, HOW MANY APARTMENTS ARE IN THE BUIDLING? _____

DO YOU OWN? Y ___ N ___ OR RENT? Y ___ N ___ IS RENT SUBSIDIZED? Y ___ N ___

HOW MUCH RENT DO YOU PAY EACH MONTH? _____

PLEASE LIST MAILING ADDRESS ONLY IF IT IS DIFFERENT FROM ABOVE ADDRESS

MAILING ADDRESS _____ APT _____

CITY _____ ZIP CODE _____ COUNTY _____

HOW DO YOU HEAT YOUR HOME (Please circle one below):

GAS --- ELECTRIC --- PROPANE --- FUEL OIL --- OTHER

DO YOU PAY YOUR OWN HEATING BILL? Y _____ N _____ NAME ON BILL: _____

DO YOU PAY YOUR OWN ELECTRIC BILL? Y _____ N _____ NAME ON BILL: _____

ARE YOUR UTILITIES DISCONNECTED? Y _____ N _____ If Yes, Which one? _____

SIGNATURE DATE

YOU WILL NEED THE FOLLOWING WHEN YOU APPLY:

1. SOCIAL SECURITY CARDS FOR **EVERYONE** IN THE HOME
2. PROOF OF **ALL** HOUSEHOLD INCOME FOR THE PAST 30 DAYS
3. CURRENT COMPLETE GAS AND ELECTRIC BILLS (**NOT THE DISCONNECTION NOTICE**)
4. MEDICAL CARDS AND LINK CARDS FOR **EVERYONE** IN THE HOME (IF RECEIVED)
5. STATEMENTS OF FINANCIAL HELP RECEIVED FOR YOUR HOSUEHOLD
6. PROOF OF SUBSIDIZED HOUSING

ADDITIONAL DOCUMENTATION MAY ALSO BE REQUIRED AT THE TIME OF APPLICATION