



**PAPER APPLICATION**

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

**1. Currently Have a Past Due Notice for Primary Vendor/Main Heating Fuel :**

**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: \_\_\_\_\_**

**SUPPLEMENTAL QUESTIONS FOR WATER/WASTEWATER**

**1. Are you currently disconnected for having a past-due Water Bill?**  
 Yes  No

**2. Are you in imminent danger of being disconnected on a past-due Water Bill?**  
 Yes  No

**3. Are you currently behind on your water or wastewater bill in the amount of \$250 or more?**  
 Yes  No

**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/LHWAP 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/LHWAP. 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.

**Percentage of Income Payment Plan ("PIPP")  
Applicant Agreement –Program Year 2022 (PY22)**

This Applicant Agreement is entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_ Local Administering Agency (LAA) and \_\_\_\_\_ (PIPP Customer). The PIPP Customer hereby certifies to abide by the following PIPP guidelines for Program Year 2022:

1. I understand that my participation in the PIPP will extend from the initial date of my enrollment until I am required to verify my income during the annual recertification process at the Illinois Department of Commerce & Economic Opportunity (DCEO) through the LAA. This income verification may occur prior to the end of my twelfth month of PIPP participation.
2. I understand that by choosing the PIPP as my energy assistance benefit, I am not eligible to receive a Direct Vendor Payment (DVP) and/or Reconnection Assistance (RA) for the same energy vendor during the same Program Year (PY) that I have been on PIPP.
3. I understand the main objective of the PIPP program is to make my energy bill more affordable and to help maintain my home energy service throughout the year.
4. I understand the intent of the PIPP benefit is to help reduce my utility bill when I make the required full monthly payments per PIPP program guidelines. I also understand that my energy consumption between now and my utility true-up date will result in some fluctuation in the final amount due which could either increase or decrease this monthly budget bill estimate. Also, the cost of utility charges may change and potentially impact my final utility bill.
5. By enrolling in the PIPP program, I agree to enter into a monthly budget payment plan with the participating PIPP utility.
6. By enrolling in the PIPP program, I understand the participating PIPP utility will reduce my Pre-Program Arrearage (PPA), if appropriate, for each on-time monthly payment I make by the bill due date, up to a total of \$1,000, per utility per PY. Any unpaid PPA will be added back to my utility balance if my participation in the PIPP program ends for any reason.
7. I understand and agree that I will pay my portion of the bill, the Customer Payment Responsibility or CPR, and DCEO will pay on my behalf a monthly PIPP benefit amount not to exceed \$1,800 (a maximum of \$150/month) for all electric customers or \$900 (a maximum of \$75/month) for gas primary customers in any PY ending June 30<sup>th</sup> of the State's current fiscal year, subject to Section 12 below. In addition, if I obtain my gas service from a PIPP participating utility, I can also elect to participate in the PIPP with that vendor. In this instance, DCEO will pay on my behalf a monthly benefit amount not to exceed \$900 (a maximum of \$75/month) for primary customers in any PY period, ending June 30<sup>th</sup> of the State's current fiscal year, subject to Section 12 below. If I obtain my secondary electric service from a PIPP participating utility, I must also enroll in the PIPP with that vendor. In this instance, DCEO will pay, on my behalf, a monthly PIPP benefit amount not to exceed \$900 (a maximum of \$75/month) for secondary electric customers in any PY period ending June 30<sup>th</sup> of the State's current fiscal year, subject to Item 12 below.
8. I understand and agree that I will be responsible for my monthly CPR payment towards my utility bill that is based on a percentage of my total household income in addition to any outstanding balance on the account that cannot be covered by the monthly PIPP benefit provided by DCEO.
9. I understand and agree that my failure to make the required full monthly payments by the due date every month may result in termination from the PIPP program, and I will not be eligible to re-enroll in the PIPP program or apply for the regular Low Income Home Energy Assistance Program (LIHEAP) benefit (DVP or RA) until the following PY. If I have two accounts enrolled in the PIPP program and one account is removed for not maintaining timely CPR payments, my other account should remain active on the PIPP program as long as the monthly obligations are maintained; however, such remaining open account would be automatically removed from the PIPP program on June 30, 2022 or at the next recertification period, whichever comes first.
10. By enrolling in the PIPP program as offered and available, I agree to participate in LAA or utility programs to help manage my utility bills.
11. I understand and agree that my income will need to be recertified at least once a year or upon the LAA's request in order to continue to be eligible and to receive assistance through the PIPP program. I also understand and agree that I will be required to schedule an appointment with the LAA and recertify my participation in the PIPP program for the PY22, or at any point during the current PY22 if my income changes. At recertification, I will also be required to re-verify my income.
12. I understand that my monthly PIPP benefit is contingent upon funding availability and DCEO may terminate my PIPP participation if sufficient funding for operation of the PIPP program is no longer available at any time during the current PY22.
13. I understand and agree that this Applicant Agreement is valid from the date signed through the end of my successful completion this PY22 on June 30, 2022. Near the end of my PY22 certification period I will be contacted by the LAA for an evaluation that will be made at that time during my recertification period to determine if sufficient funding is available to continue my participation in the PIPP program for PY22. If sufficient funding is not available, my monthly PIPP benefit could be reduced or my participation in the PIPP program may be entirely terminated.

# Eligibility Intake Application

CAA Name \_\_\_\_\_

## To be completed by Intake Worker

Homeless Nature of Family \_\_\_\_\_ Chronically homeless \_\_\_\_\_  
\_\_\_\_\_ Immediately at risk of becoming homeless \_\_\_\_\_ Literally homeless \_\_\_\_\_  
\_\_\_\_\_ Precariously housed and at risk of becoming homeless \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Apt # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Services Requested for this family \_\_\_\_\_

Total 30 Day Family Income \_\_\_\_\_ Total 90 Day Family Income \_\_\_\_\_ Total Annual Family Income \_\_\_\_\_

**Applicant Statement/Certification:** Under penalties of perjury, I examined this application and to the best of my information and belief, the information provided by me and contained herein is true, correct and complete. I authorize CAA to verify any and all information, including but not limited to income, employment, residency, etc., contained on this application and to contact various third party sources to obtain any necessary information during the twelve (12) month period prior to and after the date of my application for assistance/benefits. I also authorize DCEO and my utility/land supplier to share my usage and bill information during the twelve (12) month period prior to and after the date of my application submission. I also agree that in the event or move to a new location, where permissible by law, the information contained in my application/file, may be shared with other Community Action Agencies/local Administrators Agencies to further assist me with services. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration of assistance. Further, I also understand that completing this application does not guarantee that assistance will be provided to me.

Applicant Typed or Printed Name \_\_\_\_\_

Intake Worker Typed or Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Intake Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

## ENERGY ASSISTANCE PROGRAM

### PIPP Nonparticipant Opt-out

I, \_\_\_\_\_, do not wish to participate in the Percentage of Income Payment Plan (PIPP) program.

I have been provided with all the information concerning the PIPP program.

I am a customer of \_\_\_\_\_, but I do not wish to participate for the following reason(s):

***Please check all that apply:***

- The amount I would be required to pay is more than I normally pay per month.
- I cannot commit to paying my utility energy bill monthly.
- I am not interested for personal reasons; I would like to just receive my LIHEAP benefit.
- I have no arrearage and am able to pay my bill each month with my one-time benefit to help me; I would like to just receive my LIHEAP benefit.
- The calculations that were reviewed with me show there is \$0 PIPP benefit, or the benefit is less than the DVP, so I do not want to continue with the PIPP; I will apply for the LIHEAP benefit during the Heating season.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Worker Signature

\_\_\_\_\_  
Date