

PAPER APPLICATION

Illinois Low Income Home Energy Assistance Program (LIHEAP)
 Illinois Home Weatherization Assistance Program (IHWAP)
 Low-Income Household Water Assistance Program (LIHWAP)
 Water
 Wastewater
 Both Water and Wastewater

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

To report LIHEAP/IHWAP fraud or abuse:

AppID#: _____

**Department of Commerce & Economic Opportunity
Office of Energy Assistance**

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

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	
	***_**_															
	***_**_															
	***_**_															
	***_**_															
	***_**_															
	***_**_															
	***_**_															
	***_**_															
DwellingType: SF 2-4 5-10 11+ MH GH SRO Rent: \$										Totals:	0	0	0	0	0	0
Shelter Own:			SubH	SNAP	Veteran						Total Income: 0					

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

ADDRESS: Service Address: Street _____ xxxxxxxx

City: _____ Zip: _____

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 _____

City: _____ Zip: _____

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

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.

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

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

Initials _____ Date _____

HOUSEHOLD MEMBER INFORMATION SHEET

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD TODAY? _____

APPLICANT INFORMATION

INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___

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

HOUSEHOLD MEMBER INFORMATION

INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___
RELATIONSHIP TO APPLICANT _____

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

HOUSEHOLD MEMBER INFORMATION

INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___
RELATIONSHIP TO APPLICANT _____

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

HOUSEHOLD MEMBER INFORMATION

INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___
RELATIONSHIP TO APPLICANT _____

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

*** CONTINUE ON BACK WITH ADDITIONAL MEMBERS

HOUSEHOLD MEMBER INFORMATION SHEET

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD TODAY? _____

APPLICANT INFORMATION

INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___

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

HOUSEHOLD MEMBER INFORMATION

INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___
RELATIONSHIP TO APPLICANT _____

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

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INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___
RELATIONSHIP TO APPLICANT _____

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

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INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___
RELATIONSHIP TO APPLICANT _____

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

*** CONTINUE ON BACK WITH ADDITIONAL MEMBERS

HOUSEHOLD MEMBER INFORMATION SHEET

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD TODAY? _____

APPLICANT INFORMATION

INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___

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

HOUSEHOLD MEMBER INFORMATION

INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___
RELATIONSHIP TO APPLICANT _____

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

HOUSEHOLD MEMBER INFORMATION

INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___
RELATIONSHIP TO APPLICANT _____

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

HOUSEHOLD MEMBER INFORMATION

INCOME

AGE _____ SSN _____ - _____ - _____
FIRST NAME _____ MI _____
LAST NAME _____
BIRTHDATE _____
ETHNIC GROUP _____
SEX _____
DISABLED YES ___ NO ___
RELATIONSHIP TO APPLICANT _____

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

*** 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	Check	Initial
<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	Wood
<input type="checkbox"/>	Propane	<input type="checkbox"/>	Coal
<input type="checkbox"/>	Fuel Oil	<input type="checkbox"/>	Kerosene
<input type="checkbox"/>	Electric	<input type="checkbox"/>	Other: _____

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

- My household 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	Check	Initial
<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	Wood
<input type="checkbox"/>	Propane	<input type="checkbox"/>	Coal
<input type="checkbox"/>	Fuel Oil	<input type="checkbox"/>	Kerosene
<input type="checkbox"/>	Electric	<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 re-apply 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

TCOC: to be completed at Verification

App Comment entered

Verifiers Signature & Date

2022/2023 CALENDAR

August 2022							September 2022							October 2022						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6					1	2	3							1
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22
28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29
														30	31					
November 2022							December 2022							January 2023						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30				25	26	27	28	29	30	31	29	30	31				
February 2023							March 2023							April 2023						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4				1	2	3	4							1
5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8
12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15
19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22
26	27	28					26	27	28	29	30	31		23	24	25	26	27	28	29
														30						
May 2023																				
Su	Mo	Tu	We	Th	Fr	Sa														
	1	2	3	4	5	6														
7	8	9	10	11	12	13														
14	15	16	17	18	19	20														
21	22	23	24	25	26	27														
28	29	30	31																	

DO YOU RECEIVE CHILD SUPPORT? YES ____ NO ____

IF YES HOW OFTEN? WEEKLY ____ BIWEEKLY ____ MONTHLY ____

I SWEAR THAT I HAVE NOT RECEIVED CHILD SUPPORT IN THE LAST 30 DAYS

APPLICANT'S SIGNATURE _____

EMPLOYMENT INFORMATION

HOW OFTEN DO YOU GET PAID? WEEKLY ____ BIWEEKLY ____ MONTHLY ____

WHAT DAY OF THE WEEK? _____

OR HOW MANY DAYS AFTER THE PAY PERIOD? _____

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 _____

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 _____

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

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

**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.

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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 _____

LOW-INCOME HOME ENERGY PROGRAM WORKSHEET

(Note: This is a preliminary form and NOT the actual application)

NAME _____ SOCIAL SECURITY # _____ - _____ - _____

BIRTHDATE _____ - _____ - _____ SEX _____ DISABLED YES _____ No _____

DO YOU RECEIVE FOODSTAMPS? YES _____ NO _____ NUMBER IN HOUSEHOLD _____

ARE YOU A LEGAL RESIDENT OF THE UNITED STATES? YES _____ NO _____

ETHNIC GROUP (CIRCLE ONE): African American Asian White Native American Other

TOTAL HOUSEHOLD INCOME FOR THE LAST 30 DAYS

WAGES _____ SOC. SECURITY _____ UNEMPLOYMENT _____

SSI _____ TANF _____ CHILD SUPPORT _____ OTHER _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____ COUNTY _____

PHONE NUMBER _____ OR _____

DO YOU LIVE IN A SINGLE FAMILY HOME? YES _____ NO _____

DO YOU LIVE IN AN APARTMENT? YES _____ NO _____

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

DO YOU OWN? Y ___ N ___ 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 HOUSEHOLD
6. PROOF OF SUBSIDIZED HOUSING, IF APPLICABLE

ADDITIONAL DOCUMENTS MAY ALSO BE REQUIRED AT THE TIME OF APPLICATION