

ILLINOIS LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

THIS APPLICATION MAY ONLY BE USED FOR THE LIHEAP PROGRAM. Answer all the questions on the form. You must sign and date the last page of this application.			Help Illinois Families Customer Assistance (Toll Free) 833-711-0374			To report LIHEAP fraud and abuse: Department of Commerce and Economic Opportunity Office of Community Assistance Attn: Fraud Unit, 1011 S 2 nd Street Springfield, IL 62704				
Agency (Office Use Only)	Intake Site (Office Use Only)	Date Received:			Entered in the System By:			Date Entered:		
1. Household Composition: (you and the people who live with you at the same address)										
Name	SSN	DOB	Age	Gender	Race/ Ethnicity	Emancipated	Disabled	Veteran	Gross Income Amount	Type of Income Last 30 Days (If more than one type of income, use additional rows)
Does anyone in the home receive Medicaid?		Does anyone receive food stamps (SNAP)?				\$			Total COUNTABLE Income	
2. Other Household Income: (you and the people who live with you at the same address)										
Other Income is any source of countable income not listed in the drop-down above. Payments not considered income – ask your Intake Worker for clarification.										
OTHER INCOME Payment Amount:			Received by:			Type of Other <i>countable</i> Income:				
PAYMENTS NOT CONSIDERED INCOME Amount:			Received by:			Type of non- <i>countable</i> income:				
3. Address (write in your current physical and Mailing address)										
Home Address (Physical)			City		State	Zip		Telephone (include area code)		
Mailing Address (if different than physical)			City		State	Zip		Alt Telephone (include area code)		
Email Address (optional)							What County do you live in?			

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4. Dwelling Information: (What kind of dwelling do you live in?)							
Single Family House	Mobile Home	Apartment 2-4 Units	Apartment 5+ Units	Do you rent?	Rent amount?	Is your rent subsidized?	
Is heat included in rent?				If disconnected from your heat source, do you have alternate shelter or a safe temporary heat source (space heaters)?			
5. Heating Information: (What fuel/energy type do you use to heat your home (for propane add % shown on tank gauge)?)							
Natural Gas	Propane	Currently at	%	Electric	Wood		
a. Do you currently have a Disconnect Notice for Main Heating Source?				b. How do you cool your home?			
c. If you use a window air conditioning unit, how many do you have?				d. Where are your units located?			
e. How many sleeping rooms in your home?				e. How did you hear about LIHEAP?			
6. Referral: (Mark any other programs that you would be interested in being referred to for additional assistance.)							
Budgeting	Energy Tips	SSI – Disability Application	Weatherization	Aging In-Home Service	Veteran's Benefits	Unemployment Benefits	
Medicaid/Health Insurance	Nutrition Resources	Lifeline Discount	Communication Services	Childcare	Water Bill	Wastewater (Sewer) Bill	
7. Energy Vendor/Utility: (List the name of your provider(s), the account number(s) and the name the Customer of Record on account.)							
Gas/Propane Provider Name:		Account Number:		Account Holder's Name			
Do you have an alternative Gas Supplier?		If yes, Supplier Name:					
Electric Provider's Name		Account Number		Account Holder's Name			
Do you have an alternative Electric Supplier?		If yes, Supplier Name					
<p>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 RQUIRED. Failure to provide any information will result in this application not being processed. APPLICANT STATEMENT: I certify that the information I have provided above is accurate and a 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 rules. I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification for additional information and to exchange information contained in or otherwise used regarding my application and participation in LIHEAP. I also authorize the Department of Commerce and 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 Weatherization services for the purpose of the 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 services.</p>							
Applicant Signature:		Date:	Intake Worker Signature:		Date:		
Eligibility Verification Signature:		Date	Payment Authorization Signature:		Date:		