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	Gend	Date of Birth	Eth	Eman	Dis	Vet	Wages	SSA	Unempl	SSI	TANF	GA	Oth
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DwellingType: **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:					
Wx _____	Medicaid _____	SSI _____	Unemployment_____	Nutrition _____	Life Line_____
Safe place __	Child care _____	Energy Cons. Tips _____	Budget _____	Aging_____	Other _____

ADDRESS: **Service Address: Street**_____

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**_____

Application #: _____

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VENDOR:

Primary Vendor:_____
Client Pays: _____ **Med Cert:** _____
COR:_____
Fuel _____ **Acct #** _____
Status _____
Primary Energy Bill _____ __/__/____

Secondary Vendor:_____
Client Pays: _____ **Med Cert:** _____
COR: _____
Fuel _____ **Acct #** _____
Status _____
Secondary Energy Bill _____ ___/___/____

Prior Weatherization Date __/__/ ____
Re-Determination IHWAP __/__/____
Eligible Due to : 50%Rule _____
Eligible Due to :HTF _____
Eligible Due to : LIHEAP ____
Eligible Due to : 66%Rule ___
Eligible Due to : Auto _____

LIHEAP Furnace Date __/__/___
Documentation: Rec'd _____
Rec'd Date _____
Eligible Due to : Income _____
Household Income _____ __/__/_____
Household SS#'s _____
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 legal resident 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