

INSTRUCTIONS ON FILLING OUT THE PAPER APPLICATION:

Step One:

Fill out the paper application by doing the following in legible handwriting:

1. On the first page:
 - a. List the name(s) of all household members
 - i. Include everyone's full social security number and date of birth
 - If there are more than eight people in the household, then you can use the Additional Household Members form that is included in the packet
 - b. Check the type of income for every household member 18 years or older
 - c. Write down
 - i. Your address; including a good mailing address
 - ii. A good phone number that you can be reached at
 - iii. An email address if you have one
2. On the second page:
 - a. List your gas and/or electric company
 - b. Sign and date the application

Step Two:

Make copies of the following to include in your application:

1. Social Security cards of all household members
2. Most recent gas and/or electric bill
3. Proof of any income the household has received within the past 30 days
 - a. For wages we will need copies of the last three to five check stubs that the household has received
 - b. For SSA/SSI or some kind of pension we will need a copy of the most recent bank statement or award letter
 - c. If anyone in the household who is 18 years or older who does not have any income, then the Zero Income Affidavit must be completed
 - i. If anyone is receiving TANF then we will need something from the DHS office to indicate how much they are receiving

Final Step:

Turn in the application and all the copies using one of the following methods:

1. At your nearest outreach office by placing it in the drop box provided
2. Mailing it to Western Egyptian, P. O. Box 7—1 Industrial Park; Steeleville, IL 62288
3. Faxing it to 1-618-443-5279
4. Or e-mail it to energyassist@weeoc.org
 - a. If using a smart phone to take a picture, please make sure the pictures are clear and readable

(see enclosed check list)

PAPER APPLICATION

— **Illinois Low Income Home Energy Assistance Program (LIHEAP)** — **Illinois Home Weatherization Assistance Program (IHWAP)**
 — **Water** — **Wastewater** — **Both Water and Wastewater**

Help Illinois Families Customer Assistance: (Toll Free) (833) 711-0374

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 Community Assistance

Attn: Fraud Unit, 1 West Old State Capitol Plaza

Springfield, IL 62703

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
	***_**_ _ _ _ _			__/__/____											
	***_**_ _ _ _ _			__/__/____											
	***_**_ _ _ _ _			__/__/____											
	***_**_ _ _ _ _			__/__/____											
	***_**_ _ _ _ _			__/__/____											
	***_**_ _ _ _ _			__/__/____											
	***_**_ _ _ _ _			__/__/____											
	***_**_ _ _ _ _			__/__/____											
DwellingType: SF 2-4 5-10 11+ MH GH SRO Rent: \$ _____					Totals:										
Shelter Own: Yes/No			SubH	SNAP	Veteran								Total Income: _____		

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 _____	

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 ____/____/____		LIHEAP Furnace Date ____/____/____	
Re-Determination IHWAP ____/____/____		Documentation: Rec'd _____	
Eligible Due to: LIHEAP _____		Rec'd Date _____	
Eligible Due to: SSI _____		Eligible Due to: Income _____	
Eligible Due to: 50%Rule _____		Household Income ____/____/____	
Eligible Due to: 66%Rule _____		Household SS#'s _____	
Eligible Due to: HUD _____		Home Ownership ____/____/____	

SUPPLEMENTAL QUESTIONS		SUPPLEMENTAL QUESTIONS FOR WATER/WASTEWATER	
<ol style="list-style-type: none"> Currently Have a Past Due Notice for Primary Vendor/Main Heating Fuel : Supplemental Heating Fuel (Select one): Main Cooling Equipment (Choose one): Number of Sleeping Rooms in the Home: _____ A/C Location (Choose one): Number of Air Conditioner Units in the Home: _____ 		<ol style="list-style-type: none"> Are you currently disconnected for having a past-due Water Bill? Yes No Are you in imminent danger of being disconnected on a past-due Water Bill? Yes No 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 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, may be further verified by the State of Illinois. _____

Initials Date

Universal Signature Page

IMPORTANT NOTICE: This state of Illinois grantee, _____ ("Agency"), is requesting disclosure of information that is necessary to accomplish a complete application for:

<input type="checkbox"/>	Illinois Home Weatherization Assistance Program (IHWAP or Weatherization)
<input type="checkbox"/>	Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income Payment Plan (PIPP) program

APPLICANT STATEMENT: I certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.

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.

For LIHEAP and 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. I understand I will be provided a copy of this application for my future reference.

Applicant Name: _____

Applicant Signature: _____ **Date:** _____

Proxy Name: _____ **Phone:** _____

Relationship to Applicant: _____

Proxy Signature: _____ **Date:** _____

PROXY STATEMENT: I certify that the applicant named above has given me permission to act as the Authorized Proxy and take the following actions on the applicant's behalf for LIHEAP and/or IHWAP programs: complete an application, speak with Intake Site staff and/or other Agency staff regarding my application as well as any follow up required as it relates to my application.

Use this form **ONLY** if you have received no income within the past 30 days, received a cash gift or performed any kind of work for cash.

**ENERGY ASSISTANCE PROGRAM
INCOME AFFIDAVIT**

Failure to fill this out completely could result in your application being denied

Application Name: _____ County: _____ Application Number: _____

I, _____, attest to the fact I have received \$ _____ gross income for the period covering _____ to _____.

I met my financial obligations during the 30-day period by: **(see example page)**

DHS INCOME CHECKLIST

Does your household receive Food Stamps/SNAP Benefits?

Yes ☐ No ☐

If yes, how much? \$ _____

Does your family have a Medical Card(s)?

Yes ☐ No ☐

Does your family receive AABD or TANF funding? *(Please circle which one)* Yes / No

If yes, how much? \$ _____

INTAKE/VERIFICATION NOTE: Use DHS Table of Monthly Allowances chart. *If the amount differs from the chart, the customer MUST have proof of current DHS income.* (Refer to Section VII – contacting DHS to verify income)

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Applicant Signature

Date

Intake Worker or Verifier's Signature

Date

Application #: _____

*** SAMPLE ***

Use this form ONLY if you have received no income within the past 30 days, received a cash gift or performed any kind of work for cash.

SAMPLE

**ENERGY ASSISTANCE PROGRAM
INCOME AFFIDAVIT**

Failure to fill this out completely could result in your application being denied

SAMPLE

Application Name: Paula Power County: R Application Number: Leave Blank

I, Paula Power, attest to the fact I have received \$ 400- gross income for the period covering 9-3-23 to 10-2-23.

I met my financial obligations during the 30-day period by: (see example page)

Mowing yards (If no income, state how you supported yourself)

DHS INCOME CHECKLIST

Does your household receive Food Stamps/SNAP Benefits? Yes ☒ No ☐

If yes, how much? \$ 200

Does your family have a Medical Card(s)? Yes ☐ No ☒

Does your family receive AABD or TANF funding? (Please circle which one) Yes / No

If yes, how much? \$ 0

INTAKE/VERIFICATION NOTE: Use DHS Table of Monthly Allowances chart. If the amount differs from the chart, the customer MUST have proof of current DHS income. (Refer to Section VII – contacting DHS to verify income)

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Paula Power
Applicant Signature

10-2-23
Date

Intake Worker or Verifier's Signature

Date

Application #: _____

Must Be Filled out even if you're not receiving anything

Resource Referrals for Energy Assistance

Are you interested in budgeting or financial literacy tips to help you manage your household income? http://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://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 15 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 Veteran's Benefits? https://www.illinois.gov/veterans/benefits	Yes or No
Are you interested in information about Unemployment Insurance Benefits and job searches? https://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), and/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 help with childcare while you work, and/or in pre-school for your child or children? https://www.4childcare.org/	Yes or No
Are you currently disconnected, or in danger of disconnection for your past-due water utility bill?	Yes or No
Are you currently disconnected, or in danger of disconnection for your past-due wastewater (sewer) utility bill?	Yes or No
<p>How were you referred to LIHEAP?</p> <ul style="list-style-type: none"> <input type="radio"/> Governor's Published Announcement <input type="radio"/> Local New Media <input type="radio"/> Flier(s) <input type="radio"/> LIHEAP event (e.g. energy workshop) <input type="radio"/> Former applicant <input type="radio"/> Other <p>To locate other programs in your area contact: The United Way - Dial 211 or The City Chicago - Dial 311</p>	

*
R
E
Q
U
I
R
E
D**

**D
O
C
U
M
E
N
T
A
T
I
O
N**

****PROOF OF INCOME****

*Gross income for prior 30 days (including application date) for all persons over age 18 living in the home.

Acceptable forms of proof include:

Wages

- Check stubs from employer showing the pay date, gross amount and name
- Income statement (provided at time of application) completed by employer

Unemployment

- Print out from Unemployment website if deposited on bank card
- Bank statement that clearly indicates unemployment deposit
- Payment detail history from Unemployment office

Child Support

- Copy of check
- Copy of court document stating amount
- Print out from child support office

Public-aid

- We will provide you with a form for you to fill out
- Printout from DHS

Social Security, SSI, Pension

- Copy of letter from beginning of year stating amounts
- Bank statement that clearly indicates direct deposit
- Letter from your bank dated within 30 days
- Copy of check dated within 30 days

Self-Employed

- We will provide a form to be filled out by you. You will need to enclose expenses & receipts to back-up the form

Zero Income

- We will provide you a form to be completed by you
- If someone outside the home is helping you meet your needs, that person will have to fill out a form that we provide to you
- Copy of savings record if you are living off savings.

Disability

- Letter from Social Security office stating disability status
- Medicare card
- Bank statement that clearly shows SSI deposit

We WILL NOT accept the following

**letters from doctors*

**workman's compensation claims*

****SOCIAL SECURITY CARDS OF ALL PERSONS IN THE HOUSEHOLD****

Acceptable forms of proof include

- Copies of Social security cards
- Birth certificate for children under the age of 1 (only if they do not have a social security card)
- Qualified and non-qualified aliens should contact their local outreach office for further instructions

We WILL NOT accept the following:

**tax returns*

**crib cards*

**W-2 forms*

**Medicare insurance cards*

**employer-issued check stubs*

**application for social security number*

****MOST CURRENT UTILITY BILL****

*Including Gas, Electric or Propane

Acceptable forms of proof include

- Most recent bill from your utility company
 - Natural Gas
 - Electric
- Statement of account or most recent delivery ticket
 - Propane
 - Fuel Oil
 - Wood
- Rent receipt and lease if utilities are included in rent.

PROOF OF OWNERSHIP

***For Furnace and Weatherization programs ONLY.**

Acceptable forms of proof include

- Most recent real estate or mobile home tax bill for the home (not land) with household member's name listed as owner
- Mortgage Statement
- Deed
- Contract for Deed. The contract for deed must be recorded at the Courthouse
- Mobile Home title (front & back)

The requested documentation must be submitted with your application.

Wait for the approval letter to arrive in the mail.

Western Egyptian has 30 days to process the application once it is complete.

YOUR RIGHTS



Under the **Low Income Home Energy Assistance Program** and the **Illinois Home Weatherization Assistance Program**

The Low Income Home Energy Assistance Program (LIHEAP) is designed to help income eligible households meet the rising cost of home energy.

Eligibility and the assistance level depend on:

- the household's income and number of members;
- whether or not the household pays for its home energy costs directly or the home energy costs are included in the rent, and if rent exceeds 30% of income;
- the type of home energy fuel if the household pays directly; and
- the region in which the household is located.

The Illinois Home Weatherization Assistance Program (IHWAP) is designed to help income eligible households conserve fuel and save money by making their homes and apartments energy efficient.

Eligibility for the Weatherization Program depends on:

- the household's income and number of members; and
- whether or not the household can show proof of home ownership, or the landlord complies with the program requirements.

Appeal Rights

You have the right of appeal to either, or both programs if:

- your application was not processed in a timely fashion (approximately 30 days after you submit all your information to the agency);
- you disagree with the outcome of your application; or
- you believe the payment or benefit received is incorrect.

Appeal Process

The first step in the appeal process is an informal conference at a local agency. You may request an informal conference by contacting:

The informal conference will be held by a designated hearing officer at the Local Administering Agency. The purpose of the informal conference is to ensure that the applicant understands the outcome of the application and/or the reason for a delay. The applicant must request a conference within 30 days of receipt of a notice of a decision on the applicant's application or within 60 days if notification has not been received.

If you have completed the informal conference and still are not satisfied with the decision, you may request a state review. The Local Administering Agency will advise you on how to request a state review, the second step in the process.

The state office will review your case and advise both you and the local agency of the decision.

If you are still unsatisfied after the state review, you may request a formal hearing by a state appeals officer.

During this hearing you have the right to:

- be represented or bring to the conference a representative of your choice;
- present oral and written statements and other evidence;
- cross-examine witnesses; and/or
- bring an interpreter, if needed.

This testimony will be recorded and a written decision will be based on the record.

These are **Your Rights**. If you do not understand them, please contact your Local Administering Agency.

To report suspected Energy Assistance fraud or abuse: DCEO Office of Community Assistance, Attn: Fraud Unit, 1 West Old State Capitol Plaza, Springfield, IL 62703



Illinois
Department of Commerce
& Economic Opportunity
OFFICE OF COMMUNITY ASSISTANCE

SUS DERECHOS



Bajo el Programa de Asistencia de Energía para Hogares de Bajos Ingresos y Programa de Climatización de Vivienda de Illinois

El Programa de Asistencia de Energía para Hogares de Bajos Recursos (LIHEAP) está diseñado para ayudar a hogares elegibles a pagar los costos de energía del hogar. La elegibilidad para el programa LIHEAP depende de:

- El ingreso del hogar y el número de miembros que residen en el hogar;
- si el hogar paga o no por sus costos de energía directamente, si los costos de energía del hogar están incluidos en la renta y si los costos de renta exceden el 30% de los ingresos del hogar;
- el tipo de combustible en el caso de que el hogar pague directamente por los gastos de energía; y
- la región en el que el hogar está ubicado.

El Programa de Asistencia de Climatización de Viviendas de Illinois (IHWAP) está diseñado para ayudar a las familias que reúnen los requisitos de ingresos a ahorrar combustible y ahorrar dinero haciendo que sus hogares y apartamentos sean eficientes en energía.

La elegibilidad para el programa de climatización depende de:

- los ingresos del hogar y la cantidad de miembros; y
- si el hogar puede mostrar prueba de ser dueño/a de la propiedad de la vivienda o si el propietario cumple con los requisitos del programa.

Derechos para Apelar

Usted tiene el derecho de apelar a uno o los dos programas si:

- su aplicación no fue procesada dentro del límite de tiempo establecido (aproximadamente 30 días después de haber sometido toda su información requerida a la agencia);
- si no está de acuerdo con los resultados de su aplicación; o
- usted cree que el pago o beneficio recibido es incorrecto

Proceso de Apelación

El primer paso en el proceso de apelación es local. Usted puede solicitar una conferencia informal comunicándose con:

La conferencia informal será llevada a cabo por un oficial designado en la Agencia Administradora Local. El propósito de la conferencia informal es asegurar que la persona que aplicó entiende el resultado de la aplicación y/o la razón de la tardanza. El solicitante debe pedir la conferencia en 30 días del recibo de la decisión de su aplicación o en 60 días si la notificación no fue recibida.

Si usted ha completado la conferencia informal y continúa insatisfecho con la decisión, usted puede solicitar una revisión por el Estado de Illinois. La Agencia Administradora Local le avisará cómo solicitar una revisión por el Estado, el segundo paso en el proceso.

La oficina del Estado revisará su caso y le avisará a usted y a la agencia local sobre la decisión.

Si usted continúa insatisfecho luego de la revisión hecha por el Estado, usted puede solicitar una audiencia formal con un oficial de apelación del Estado.

Durante esta audiencia, usted tiene derecho a:

- ser representado o traer a la conferencia a un representante escogido por usted;
- presentar su alegación oral y escrita y otra evidencia;
- interrogar a los testigos; y/o
- traer a un intérprete, de ser necesario.

Este testimonio será grabado y habrá una decisión escrita basada en la grabación.

Estos son Sus Derechos. Si usted no los entiende, por favor comuníquese con su Agencia Administradora Local.

Para reportar un supuesto fraude o abuso relacionado al Programa de Asistencia de Energía:

DCEO, Office of Community Assistance, Attn: Fraud Unit, 1 West Old State Capitol Plaza, Springfield, IL 62703.



Illinois
Department of Commerce
& Economic Opportunity
OFFICE OF COMMUNITY ASSISTANCE

ADDITIONAL HOUSEHOLD MEMBERS

(to be used only if the number of household members exceeds the number of lines on the first page of the application)

[illegible]

LIHEAP DOCUMENT CHECKLIST

DONE	DOCUMENTS NEEDED	NOTES
	Application filled out, signed & dated	
	Copies of Social Security card for all household members	
	Copy of most recent gas and/or electric bill	
	Proof of income and /or Income Affidavit with back-up proof	

Programme d'Aide à l'Énergie Affidavit de revenu

Nom de l'application: _____ Comté: _____ Numéro d'application: _____

Je/Nous,

attestent du fait que je/nous avons reçu

\$ _____ revenu brut pour la période couvrant _____ à _____.

Je/nous avons respecté nos obligations financières au cours de la période de 30 jours par:

DHS Liste de Contrôle des Revenus

Votre ménage reçoit-il des bons alimentaires? SNAP Benefits?

Oui

Non

Si oui, combien? \$ _____

Votre famille a-t-elle des cartes médicales?

Oui

Non

Votre famille reçoit-elle AABD or TANF financement? (✓ *Lequel*)

Oui

Non

Si oui, combien ? \$ _____

NOTE D'ADMISSION/VÉRIFICATION: Tableau d'utilisation des allocations mensuelles du DHS. Si le montant diffère du graphique, le client doit avoir une preuve du revenu actuel du DHS. (Se référer à la section 7 – contacter DHS pour vérifier les revenus)

Je comprends que me blesser pour obtenir de l'aide est une infraction frauduleuse pour laquelle je peux être poursuivi.

Signature du Demandeur _____

Date _____

Signature du travailleur d'accueil: _____

Date: _____

PROGRAMA DE ASISTENCIA DE ENERGIA
Affidavit de Ingreso

Nombre en Aplicación: _____ Condado: _____ Número de Aplicación: _____

Yo/Nosotros,

doy/damos fe de que Yo/Nosotros recibí/recibimos

\$ _____ ingreso bruto durante el periodo que cubre de _____ hasta _____.

Yo/Nosotros he/hemos cubierto nuestras obligaciones financieras durante el periodo de 30 días de la siguiente manera:

LISTADO DE INGRESO DE DHS

¿Su hogar recibe Estampillas de Comida/Beneficios de SNAP?	Sí	No
¿Si la respuesta es sí, cuánto recibe? \$ _____		
¿Su hogar tiene Tarjeta(s) Médica(s)?	Sí	No
¿Su hogar recibe AABD o TANF ? (Por favor ✓ indique una)	Sí	No
Si respondió sí, ¿cuánto? \$ _____		

NOTA PARA EL QUE TOMA O VERIFICA LA APLICACIÓN: Use la Tabla de Subsidios Mensuales de DHS. Si la cantidad difiere de la tabla, el cliente debe de tener prueba de ingreso corriente de DHS. (Refiérase a la Sección 7 – contactando a DHS para verificar ingreso)

Yo entiendo que si juro en vano para obtener asistencia es una ofensa fraudulenta por la cual puedo ser enjuiciado.

Firma del Apicante

Fecha

Firma de quien tomó o verificó la aplicación: _____

Fecha: _____