

Instructions for filling out the LIHEAP paper application

Thank you for picking up one of our paper applications. If you have never filled out a paper application before, please read and follow the instructions below. Once we receive this application we will enter it into our system in a timely manner.

On the application you will start where you see "Household Composition". Here you will enter the names of all household members; their **full** Social Security Number, Date of Birth, Age, Gender, Race, if they are Emancipated, disabled, a veteran; as well as the gross income amount they received within the past 30 days and type of income. Below this please indicate if anyone in the household is receiving Medicaid and/or Food Stamps (SNAP).

LIHEAP considers the following as income:

1. SSI, SSDI, SSA-Survivor Benefit, SSA-Retirement (self)
2. Wages/Overtime
3. Pension, Railroad Retirement, VA Benefits
4. General Assistance (GA)
5. AABD, TANF (cash assistance)
6. Rideshare Service, Food Delivery Service
7. Workman's Comp
8. Cash Gift—we will need a note from the person who gave you the cash gift
9. Money from a boarder or rental property
10. Alimony
11. Unemployment
12. Gambling/lottery winnings
13. "GoFundMe"
14. Online income from selling items online on a regular basis
15. Self-employment—you will need to fill out a Self-Employment form (you can get this by going to our website: weeoc.org); we will need copies of ledger, check stubs and/or receipts from the past 30 days for verification purposes
16. Worked for cash (i. e. baby or pet sitting, odd jobs, plasma donation, hair styling, yard work)

You will need to provide proof of this income. If you do not, we will send you a Document Request Form for the needed documentation and processing your application will be delayed.

If you have no income you can still apply. You will need to fill out the Zero Income form included in this packet and we will need proof of other income that is not countable by LIHEAP Such as:

1. Foster Care Payments—Foster Children are not to be counted as household members
2. Child support
3. SNAP—need proof to show that this is how you are getting by

Next enter your physical address and a good mailing address; as well as a good working phone number. This is so we can contact you if we have any questions concerning your application. Also indicate if you live in: **Jackson, Monroe, Perry or Randolph** county.

On Page 2, indicate what kind of dwelling you live in. If you rent, let us know if the heat is included in you rent. If the heat is included in your rent, then we will need a copy of your lease showing this.

Under "Heating Information", tell us if you heat your home with **Natural Gas, Propane, Wood or Electricity**. Answer all remaining questions to the best of your ability.

Let us know if there are any other programs that you would like more information on. Also, fill out the questions on the **Resource Referrals** page that is included in this packet.

We will need to know who supplies you, your Gas/Propane and/or Electric; along with the account number and who's name the account is under. Please make sure you also provide us with a copy of the bill(s).

Please sign and date **ONLY** where it says "Applicant Signature" and "Date". Also sign and date the **Universal Signature Page** that is provided in this packet.

The third page is only for if there a more people in the household than what the first page allows for.

What is LIHEAP?

The Illinois Low Income Home Energy Assistance Program (LIHEAP) is administered through the Illinois Department of Commerce and Economic Opportunity and is designed to help eligible low-income households pay for gas and/or electric services. LIHEAP will provide a one-time benefit to eligible households to be used for the gas and/or electric bill(s). The amount of the benefit is determined by income, house hold size and fuel type. You can apply for LIHEAP even if you heat with propane or wood.

You **DO NOT** need to be disconnected or have a disconnection notice to apply for assistance for the first time in the new program year. {Our Program Year generally runs from October to May or until funds are exhausted.} If you do receive a disconnection notice, become disconnected, have less than 25% propane, or \$50 or less on your pre-pay account within the program year; then you can come back for what is known as Reconnection Assistance.

How do I know if I'm eligible?

You may be eligible to receive assistance under LIHEAP if your household meets the following:

1. Your income for the prior 30 days including the application date is at or below 60% of the State Medium Income level.
2. The main heating utility account is in your name or in the name of someone in the house hold who is 18 years or older.
 - a. If your heat is included in your rent you can still apply with proof of lease stating that heat is included in the rent.

How do I apply?

First, **completely fill out the attached application**. Applications that are not filled out completely *will be returned along with a Document Request Form and will not be processed until completed*.

Second, make sure you sign and date the application where it is needed; and fill out any other forms that you need to. Also, make sure you attach all of the **required documentation**. If there is any missing documentation, we will send you a Document Request Form requesting the missing information. This could hold up the application process.

Documentations that are needed:

1. Copies of Social Security Cards of all household members
 - a. If you have a child under the age of one year then you can use a birth certificate.
2. Proof of any income received within the past 30 days.
 - a. If you have a fixed income, then you can use a bank statement.
 - b. If you have no income you can still apply, please fill out the attached Zero Income Form and return it with the application.
3. Your most recent gas, propane, wood and/or electric bill(s).
4. Answer all statements on the Resource Referral page and return
5. Sign and date the Universal Signature Page and return

Third, you will need to turn in the **completed application and all required documentation** by using one of the following methods:

1. Placing it in the drop box at one of our outreach offices (except in Monroe County)
2. Emailing it to us at energyassist@weeoc.org
3. Faxing it to us at 618-443-5279
4. Mailing it to Western Egyptian; PO Box 7 - 1 Industrial Park; Steeleville, IL 62288.

I've applied; now what?

Once we receive your application we will put it into the LIHEAP system within a timely manner. We have up to 30 days to work on your **completed** application. In the meantime, you can always call your provider(s) to see if a pledge has been made to your account. Or you can check on your applications status by visiting <https://liheap2025.ilenergyassistance.com/customerinquiry>. You can call our office to get you LIHEAP Application ID.

If you have any questions or concerns, you can call our office at 618-443-5231.

ILLINOIS LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

| | | | |
|---|--|---|---|
| 4. Dwelling Information: (What kind of dwelling do you live in?) | | | |
| Single Family House <input type="checkbox"/> | Mobile Home <input type="checkbox"/> | Apartment 2-4 Units <input type="checkbox"/> | Apartment 5+ Units <input type="checkbox"/> |
| Do you rent? | | Rent amount? | Is your rent subsidized? |
| Is heat included in rent? <input type="checkbox"/> If disconnected from your heat source, do you have alternate shelter or a safe temporary heat source (space heaters)? <input type="checkbox"/> | | | |
| 5. Heating Information: (What fuel/energy type do you use to heat your home (for propane add % shown on tank gauge)?) | | | |
| Natural Gas <input type="checkbox"/> | Propane <input type="checkbox"/> | Currently at % | Electric <input type="checkbox"/> Wood <input type="checkbox"/> |
| 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 <input type="checkbox"/> | Energy Tips <input type="checkbox"/> | SSI – Disability Application <input type="checkbox"/> | Weatherization <input type="checkbox"/> Aging In-Home Service <input type="checkbox"/> Veteran’s Benefits <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> |
| Medicaid/Health Insurance <input type="checkbox"/> | Nutrition Resources <input type="checkbox"/> | Lifeline Discount Communication Services <input type="checkbox"/> | Childcare <input type="checkbox"/> Water Bill <input type="checkbox"/> Wastewater (Sewer) Bill <input type="checkbox"/> |
| 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: |

**ENERGY ASSISTANCE PROGRAM
INCOME AFFIDAVIT**

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:

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 #: _____

Universal Signature Page

IMPORTANT NOTICE: This state of Illinois grantee, Western Egyptian ("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 checked="" 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: _____

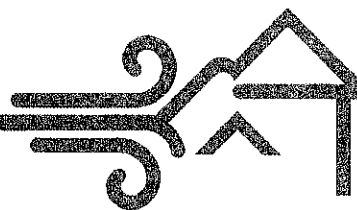
Date: _____

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.

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)? Supplemental Security Income (ssa.gov) | 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 information about Lifeline (discounted communication services)? https://www.fcc.gov/lifeline-consumers | 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 style="text-align: center;">To locate other programs in your area dial 211 or in the City Chicago - dial 311</p> | |

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:

Western Egyptian E. O. C
P O Box 7 - 1 Industrial Park
Steeleville, IL 62288

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