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 or live in subsiding housing, please call our office for more information.

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 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 anymissing 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.
        - You will need to provide back-up documentation as to how you got by for the past 30-days. Such as: a note from someone who is helping you, copy of LINK card, savings account information, etc.
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

Clear Form

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 2nd 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)? ☐ $ 0.00 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 *countable* Income:

PAYMENTS NOT CONSIDERED INCOME Amount: Received by: **Type** of non-*countable* 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?

ILLINOIS LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

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

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.

Applicant Signature: **Date:** **Intake Worker Signature:** **Date:**

Eligibility Verification Signature: **Date** **Payment Authorization Signature:** **Date:**

ADDITIONAL HOUSEHOLD MEMBERS INFORMATION

Clear Form

1. Additional Household Composition Information

Name	SSN	DOB	Age	Gender	Race/ Ethnicity	Minor? Emancipated	Disabled	Veteran	Income Amount	Type of Income Last 30 Days (If more than one type of income, use additional rows
						☐	☐	☐		
						☐	☐	☐		
						☐	☐	☐		
						☐	☐	☐		
						☐	☐	☐		
						☐	☐	☐		
						☐	☐	☐		
						☐	☐	☐		
						☐	☐	☐		
						☐	☐	☐		

2. Other Household Income (you and the people who live with you at the same address)

$ 0.00 Total **COUNTABLE** Income

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:	Household Member with Other Income	**Type** of Other *countable* Income:
PAYMENTS NOT CONSIDERED INCOME Amount:	Household Member with Other Income	**Type** of Payments *not considered countable* income:

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 #: _____

Clear Form

Universal Signature Page

IMPORTANT NOTICE: This state of Illinois grantee agency, Western Egyptian Economic Opportunity Council , is requesting disclosure of information that is necessary to accomplish a complete application for:

☐	Community Service Block Grant (CSBG)
☐	Illinois Home Weatherization Program (IHWAP or Weatherization)
☑	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 CSBG/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 at my request I will be provided a copy of this application for my future reference.

Applicant Name: _____

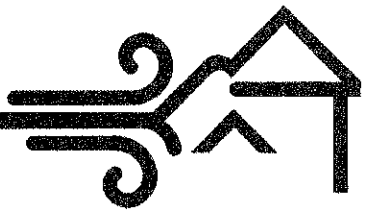
Applicant Signature: _____ **Date:** _____

Rev 10/23

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
If you are disconnected from your heat source, do you have alternate shelter or a safe temporary heat source (space heaters)?	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
How were you referred to LIHEAP? ○ Governor's Published Announcement ○ Local New Media ○ Flier(s) ○ LIHEAP event (e.g. energy workshop) ○ Former applicant ○ Other To locate other programs in your area contact: The United Way- Dial 211 or The City Chicago - Dial 311	

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

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