

PAPER APPLICATION

Clear Form

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
	***_**_ _			__/__/____											
	***_**_ _			__/__/____											
	***_**_ _			__/__/____											
	***_**_ _			__/__/____											
	***_**_ _			__/__/____											
	***_**_ _			__/__/____											
	***_**_ _			__/__/____											
	***_**_ _			__/__/____											
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 : 50%Rule: _____		Rec'd Date: _____	
Eligible Due to : HTF: _____		Eligible Due to : Income: _____	
Eligible Due to : LIHEAP: _____		Household Income: ____/____/____	
Eligible Due to : 66%Rule: _____		Household SS#'s: _____	
Eligible Due to : Auto: _____		Home Ownership: ____/____/____	

SUPPLEMENTAL QUESTIONS	
<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: _____ 	(Required)

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. _____