

LIHEAP APPLICATION INFORMATION PACKET

The information in this packet will be used for your Liheap application. **You must return this packet and the documents listed on page 2 to complete your application.**

You may return them to our office by the following methods:

- **Fax them to: 815-232-3143**

or

- **Email them to: nicaa125@nicaa.org**
(Enter Liheap assistance in the Subject line)

or

- **Mail them to: NICAA**
27 S State Ave. Suite 102
Freeport, IL 61032

- **Drop Off:**

Packet and documents into the drop box located next to our office door, between 8:00 am and 3:30 pm or the mail slot after hours. Any originals documents dropped in the mailbox or mail slot will be mailed back after copies have been made.

Once **all of your documents on page 2 and this packet are received**, your application will be processed by NICA and you will be notified by mail of your status.

DOCUMENTS NEEDED TO PROCEED WITH THE APPLICATION

- Social Security Cards for **ALL MEMBERS** of the household

- Proof of **ALL GROSS INCOME** for household members above 18 years of age
 - Wages
 - SSI/SSA
 - Unemployment
 - TANF/AABD
 - Pension
 - Child Support
 - Self-Employment
 - Cash Payments
 - Interest/Annuities
 - Zero income form must be filled out for anyone over 18 with **NO** income

- Complete Gas and Light Bills (Current 30 days). **If there is a Disconnect Notice, it must also be sent with the original bills.**

- Lease (if utilities are included in rent)

- Rent receipt

Universal Signature Page

IMPORTANT NOTICE: This state of Illinois grantee agency, Northwestern Illinois Community Action Agency, is requesting disclosure of information that is necessary to accomplish a complete application for:

<input type="checkbox"/>	Community Service Block Grant (CSBG)
<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.

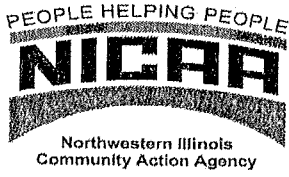
I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.

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 I will be provided a copy of this application for my future reference.

Applicant Name: _____

Applicant Signature: _____ Date: _____



CONTACT INFORMATION FOR HEAD OF HOUSEHOLD

NAME: _____

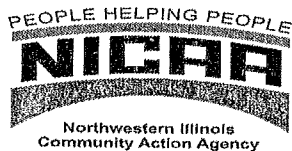
ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE #: _____

ALTERNATIVE PHONE #: _____

EMAIL: _____



Are you employed by Northwestern Illinois Community Action Agency?

_____ YES or _____ NO

Is anyone in your family employed by Northwestern Illinois Community Action Agency? _____ YES or _____ NO

IF YES, PLEASE LIST NAME(S) AND RELATIONSHIP TO YOU:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

**PERCENTAGE OF INCOME PAYMENT PLAN
KNOWN AS PIPP**

Under the PIPP Program (Percentage of Income Payment Plan) an eligible client will pay a percentage of their income , receive a monthly benefit towards their utility bill and lower their overdue bills for every on time payment they make by the bills due date.

If a client selects the PIPP program, they CAN NOT be late with their payments or they may be removed from the program, they WOULD NOT be eligible for LIHEAP assistance for the remaining program year.

Note: Client CANNOT be disconnected from their utilities in order to apply for PIPP. The client must have utility services with NICOR and Com ED or ALL Electric with Com ED in order to qualify.

Client CANNOT be disconnected from their utilities in order to apply for PIPP.

Are you currently on PIPP?

YES NO

If NO, are you interested in receiving information about the PIPP Program?

YES NO

Print Name _____

Date _____

Northwestern Illinois Community Action Agency Disclosure Form PY 2022

Household member Name on bills

LP/Natural Gas _____

Electric _____

Are you disconnected? YES _____ or NO _____

If yes, which utility:

LP/Natural Gas Electric Both

Supplemental Questions (Please answer)

1. Do you currently have a past due notice for Main Heating Fuel: Yes/No
2. Supplemental Heating Fuel (Select one)
 - a. Electricity (cannot be chosen if primary fuel type is electricity)
 - b. Wood
 - c. Other
3. Main Cooling equipment (Select one)
 - a. Central Air Conditioning
 - b. Window/Wall Air Conditioning
 - c. None
4. Number of sleeping rooms in home? _____
5. A/C Unit location (Select one)
 - a. Sleeping Room
 - b. Common Area
 - c. Sleeping Room and Common Area
6. Number of Air Conditioner Units in the home _____

ALL MEMBERS OF HOUSEHOLD

1. Soc. Sec. Number _____

Name-First _____

Last _____

Date of Birth _____ Age _____

Gender: Male _____ Female _____

Disabled: Yes _____ No _____

Ethnic Group: White _____

African American _____

Native American _____

Asian _____

Hispanic _____

Other _____

Are you a Veteran: Yes / No

Gross Income for the past 30 days

Soc. Sec. \$ _____

SSI \$ _____

Wages \$ _____

Unemployment \$ _____

TANF/AABD \$ _____

Child Support \$ _____

Pension \$ _____

VA Benefit \$ _____

GA \$ _____

SNAP \$ _____

2. Soc. Sec. Number _____

Name-First _____

Last _____

Date of Birth _____ Age _____

Gender: Male _____ Female _____

Disabled: Yes _____ No _____

Ethnic Group: White _____

African American _____

Native American _____

Asian _____

Hispanic _____

Other _____

Are you a Veteran: Yes / No

Gross Income for the past 30 days

Soc. Sec. \$ _____

SSI \$ _____

Wages \$ _____

Unemployment \$ _____

TANF/AABD \$ _____

Child Support \$ _____

Pension \$ _____

VA Benefit \$ _____

GA \$ _____

SNAP \$ _____

ALL MEMBERS OF HOUSEHOLD

5. Soc. Sec. Number _____
Name-First _____
Last _____
Date of Birth _____ Age _____
Gender: Male _____ Female _____
Disabled: Yes _____ No _____
Ethnic Group: White _____
African American _____
Native American _____
Asian _____
Hispanic _____
Other _____

Are you a Veteran: Yes / No
Gross Income for the past 30 days
Soc. Sec. \$ _____
SSI \$ _____
Wages \$ _____
Unemployment \$ _____
TANF/AABD \$ _____
Child Support \$ _____
Pension \$ _____
VA Benefit \$ _____
GA \$ _____
SNAP \$ _____

6. Soc. Sec. Number _____
Name-First _____
Last _____
Date of Birth _____ Age _____
Gender: Male _____ Female _____
Disabled: Yes _____ No _____
Ethnic Group: White _____
African American _____
Native American _____
Asian _____
Hispanic _____
Other _____

Are you a Veteran: Yes / No
Gross Income for the past 30 days
Soc. Sec. \$ _____
SSI \$ _____
Wages \$ _____
Unemployment \$ _____
TANF/AABD \$ _____
Child Support \$ _____
Pension \$ _____
VA Benefit \$ _____
GA \$ _____
SNAP \$ _____

MONTHLY EXPENSES

(Dollar Value Only)

Rent/Mortgage \$ _____
Gas/LP/Heat \$ _____
Electric \$ _____
Water \$ _____

Housing Cost

Total: \$ _____

Car Payment \$ _____
Gasoline \$ _____
Groceries (after SNAP) \$ _____
Child Care \$ _____
Home Phone Bill \$ _____
Cell Phone Bill \$ _____
Cable/Internet \$ _____
Laundry \$ _____
Household Supplies \$ _____
Dining/Entertainment \$ _____
Credit Cards \$ _____
Medical Expenses \$ _____
Education \$ _____
Other \$ _____

GROSS 30 DAY INCOME

(Dollar Value Only)

SSA/SSI/SSDI \$ _____
Wages \$ _____
Unemployment \$ _____
TANF \$ _____
Child Support \$ _____
Pension \$ _____
VA Benefit \$ _____
General Assistance \$ _____
Cash Payment \$ _____
Tips \$ _____
Bonuses \$ _____
Other \$ _____

Total: \$ _____

SNAP Benefit \$ _____

Do you have Medical Insurance?

____ Medicaid ____ Medicare
____ Private Insurance ____ None

Total Expenses \$ _____

Income \$ _____

Difference \$ _____

Name _____

Date _____

Do not write below this line

Intake Worker _____

Date _____

PLEASE FILL THIS PAGE OUT COMPLETELY!!!

Resource Referrals for Energy Assistance

Are you interested in budgeting or financial literacy tips to help you manage your household income? http://www.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://www.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 10 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 Veterans Benefits? https://www.illinois.gov/veterans/benefits	Yes or No
Are you interested in information about Unemployment Insurance Benefits and job searches? http://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), &/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 (monthly phone service discounts)? http://www.phone-bill-assistance.com/lifeline/IL	Yes or No
Are you interested in help with childcare while you work, and/or in pre-school for your child or children? http://ccpoint.org/	Yes or No
How were you referred to LIHEAP? <ul style="list-style-type: none"> <input type="radio"/> Governor's Published Announcement <input type="radio"/> Local News Media <input type="radio"/> Flier(s) <input type="radio"/> LIHEAP event (e.g., energy workshop) <input type="radio"/> Former applicant <input type="radio"/> Other 	
To locate other programs in your area: United Way dial 211, or City of Chicago dial 311	