

NORTHWESTERN ILLINOIS COMMUNITY ACTION AGENCY
ANNOUNCES THE START OF THE PY22 ENERGY ASSISTANCE PROGRAM

Northwestern Illinois Community Action Agency, as administrator of the Home Energy Assistance Program in Stephenson and Jo Daviess Counties, is pleased to announce that funds are available to assist income-eligible households with their natural gas, propane, and electric bills, and LIHEAP eligible homeowners with furnace assistance.

The program will begin September 1, 2021 for all income-eligible households. Applications will be taken on a first-come first-served basis through May 31, 2022. There will be no priority groups this program year. All households in need are encouraged to apply. Propane customers are encouraged to apply when the program opens in September to take advantage of lower propane prices.

Applicants may apply for a DVP payment or the PIPP program. The Direct Vendor Payment (DVP) provides a one-time benefit payment for income eligible households to gas or propane and electric utilities and for reconnection assistance.

Applicants with ComEd and /or Nicor Gas as utility providers may have the option of choosing the Percentage of Income Payment Plan (PIPP) instead of the DVP. The PIPP program is a bill payment program that assists eligible customers by paying a monthly state benefit while the customer pays a monthly payment based on a percentage of their household income. PIPP applications will be taken on a first-come first served basis until March 31, 2022 or until NICAAs has reached maximum capacity of households for the program.

Please call the office at 815-232-3141 or 800-883-1111 between 8:00a.m. to 3:30p.m. to receive an application packet. Completed application packets and documents must be submitted by mail, email, drop box, or fax. Limited appointments for special needs may be made, depending on current conditions.

INCOME GUIDELINES

<u>Family Size</u>	<u>30 Day Income</u>	<u>Family Size</u>	
1	\$2,147	6	\$5,930
2	\$2,903	7	\$6,590
3	\$3,660	8	\$6,737
4	\$4,417	9	\$6,883
5	\$5,173	10	\$7,029

For more than 10 household members, add \$568 for each one.

**** To submit an application, you MUST submit ALL of the required documents. ****

- Proof of Social Security numbers or Individual Taxpayer Identification Number (ITIN) for all household members. Individuals without an SSN or ITIN can still apply and NICAAs will advise
- Proof of all gross income for all household members for 30 days prior and including the application date such as pay check stubs, SSA/SSI/SSD income, pension/retirement statements, unemployment reports, child support, TANF/AABD/Township GA assistance, self-employment reports and proof of zero income.
- Complete current heat and electric bills issued within the last 30 days.
- Copy of current lease if any utilities are included in the rent payment

Northwestern Illinois Community Action Agency
27 S. State Ave., Suite 102, Freeport, IL 61032
Phone: 815-232-3141 or 800-883-1111 Website: nicaa.org



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.

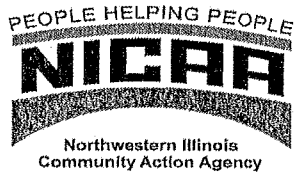
I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.

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: _____

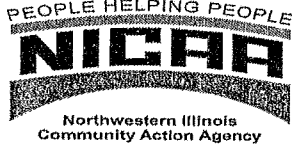
ADDRESS: _____

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 \$ _____

Total Expenses \$ _____

Income \$ _____

Difference \$ _____

Name _____

Date _____

Do not write below this line

Intake Worker _____

Date _____

PLEASE FILL THIS PAGE OUT COMPLETELY!!!

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

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 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 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>	

Illinois Low Income Household Water Assistance Program (LIHWAP)

Crisis Program for Drinking Water and Wastewater



LIHEAP, Weatherization and CSBG customers may be income eligible for Water Assistance. *Other restrictions may apply.*

Customers may receive a benefit of up to \$1,500 total for:

- Disconnection – Amount to Reconnect
- Imminent Disconnection – Amount to Prevent Disconnection
- Disconnection Fees, Late Fees – all regular fees
- Arrears / Past Due Balance

Provide your itemized water and/or wastewater bill at your intake appointment.

Benefits are only available once for water and once for wastewater/sewer, per household, from September 1, 2021 through September 30, 2023.

