



Please gather ALL required documents before filling out application

DOCUMENTS NEEDED TO PROCEED WITH THE PRE-APPLICATION

If No documents are received, we will NOT proceed with it.

_____ Social Security Cards for **ALL MEMBERS** of the household
initial

_____ Proof of **ALL GROSS INCOME** for household members
Initial 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**
initial **Notice, it must also be sent with the original bills.**

_____ Lease (if utilities are included in rent)
initial

_____ Rent receipt
initial

I have provided all required documents for this application.

Signature

Date

NORTHWESTERN ILLINOIS COMMUNITY ACTION AGENCY
PY22 LIHEAP/PIPP/LIHWAP/WEATHERIZATION

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 heating bills, furnace assistance for homeowners, and emergency water bill assistance.

The LIHEAP program began September 1, 2021 for all income-eligible households. Applications will be taken on a first-come first-served basis through May 31, 2022. All income-eligible households are encouraged to apply.

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 NICAA has reached maximum capacity of households for the program.**

LIHWAP assistance with a one-time payment on their water/sewer bills is available for approved LIHEAP/PIPP applicants with one of the following conditions: water service disconnected or imminent disconnection, or past due water/sewer bill of \$250 or more.

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 may be submitted by mail, email, drop box, or fax. Limited appointments for special needs may be made.

INCOME GUIDELINES

<u>Family Size</u>	<u>30 Day Income</u>	<u>Family Size</u>	<u>30 Day Income</u>	
1	\$2,147	6	\$5,930	
2	\$2,903	7	\$6,590	For more than 11 household
3	\$3,660	8	\$6,737	members, please add \$568 for each
4	\$4,417	9	\$6,883	additional person
5	\$5,173	10	\$7,029	
		11	\$7,285	

**** 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 NICAA 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
- Complete current water/sewer bill for emergency water bill assistance
- 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 NICAA and you will be notified by mail of your status.

Information on **Appeal Rights** can be found on our website at NICAA.org

Universal Signature Page

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

Please check all assistance for which you want to apply.

	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
	Low Income Household Water Assistance Program (LIHWAP or Water – Wastewater 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.

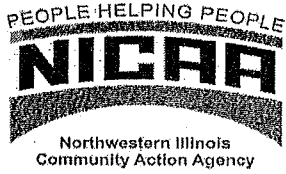
I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP/LIHWAP.

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: _____

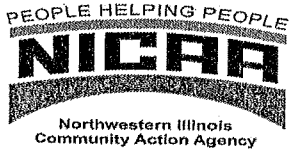
CITY/STATE/ZIP CODE: _____

PHONE #: _____

ALTERNATIVE PHONE #: _____

EMAIL: _____

Do you Rent _____ or Own _____ your home?



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

Soc. Sec. Number _____

Name-First _____

Last _____

Date of Birth _____ Age _____

Gender: Male _____ Female _____

Disabled: Yes _____ No _____

Ethnic Group:

Education:

White

9 -12 (Non-Grad)

African American

H.S. Grad

Native American

Some College

Asian

2 - 4 yr. Grad

Hispanic

G.E.D.

Other

Other Post-Secondary School

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 \$ _____

Soc. Sec. Number _____

Name-First _____

Last _____

Date of Birth _____ Age _____

Gender: Male _____ Female _____

Disabled: Yes _____ No _____

Ethnic Group:

Education:

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9 -12 (Non-Grad)

African American

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GA \$ _____

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Name-First _____

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Date of Birth _____ Age _____

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Other Post-Secondary School

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Soc. Sec. \$ _____

SSI \$ _____

Wages \$ _____

Unemployment \$ _____

TANF/AABD \$ _____

Child Support \$ _____

Pension \$ _____

VA Benefit \$ _____

GA \$ _____

SNAP \$ _____

MONTHLYLY 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
How were you referred to LIHEAP? <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 To locate other programs in your area contact: The United Way- Dial 211 or The City Chicago - Dial 311	

Energy Assistance Program Zero Income Affidavit

Income Period:	Name of adult member(s) with Zero Income:	Last date of Employment:	Date of Last Pay:
From:			
To:			
Application #:			
Head of Household Name:			

The dates may not be in the 30-day timeframe, but "Last date of Employment" and "Date of Last Pay" **must** be entered for each adult with zero income.

1. Have any of the above-listed household members received cash or check(s) as payment for work performed in the last 30 days? *Example: hair styling, babysitting, lawn/snow maintenance, car repair, scrap metal, etc.

Yes* No Continue to question 2

*If yes, the person is **not a Zero Income Adult**.

2. Have any of the above-listed household members received any cash gifts in the last 30 days? *Example: A friend or relative gives you \$50 this month as a gift to help with your living expenses.

Yes* No Continue to question 3

*If yes, this is considered "unearned income"; therefore, the person is **not a Zero Income Adult**.

3. Have any of the above-listed household members received any loans in the last 30 days? *Example: A friend or relative loans you money this month to help with your living expenses.

Yes* **CONTINUE** No Continue to question 4

*If yes, this is not considered income, but is assumed as a debt to be paid back at a later time; therefore, the recipient **may be considered a Zero Income Adult**. Please indicate below the amount of the loan, and the name of the person assisting you, then continue to question 4.

Amount of Loan	Person Assisting	Amount of Loan	Person Assisting

4. Does any person or agency pay any of your expenses, such as rent, mortgage, utilities, directly to the landlord, mortgage or utility company? Answer a, b, or c below:

a. Yes - **COMPLETE TABLE BELOW** b. No - **COMPLETE TABLE BELOW- how are you meeting your needs with no income?**
 c. All Expenses were covered by household's recorded income. **SKIP TO INITIALS AND SIGNATURES.**

For a. or b., if any expenses were *not* covered by household's recorded income, complete the table below and indicate which expenses were **paid directly** and by whom. Include the 30-day expense totals, and explain below how the expenses have been met in the household (such as SNAP, Section 8, etc.). Indicate the name of the person assisting, and complete the **Verification of Paying Household Bills Affidavit, in addition to the Zero Income Affidavit**. If a cash gift is received, see #2 (above).

Type of Expense	Amount	How was the need met?	Name of person assisting <i>directly</i>
Food			
Housing			
Transportation			
Utilities			
Basic living needs*			

*Example: clothing, diapers, cleaning supplies, personal hygiene products, etc.

Initial _____

_____ I certify the information provided above is true and a complete statement of facts.

_____ I understand: I may be required to provide proof of any information given. False information will invalidate this form and may require the return of any benefits received based on the false information.

_____ I understand all adult household members are subject to further verification of the income information provided. ***This form must be completed in full or my application will be DENIED.***

Assistance was needed to fill out this form: Yes No

_____ Applicant Signature

_____ Date

_____ Intake Worker Signature

_____ Date