



INSTRUCTIONS ON FILLING OUT THE PRE-APPLICATION PACKET

1. LIHEAP Applicants (Utility Assistance) must complete pages 3-9, applicants looking for other assistance must fill out all pages completely.
2. Check the box on the Universal Signature Page for the assistance you are applying for.
3. All information on the Contact Information must be filled out and accurate.
4. Be sure to fill in Utility Vendor name, Account Number and Name of person on bill.
5. Complete All Members of Household with full social security number, full name, date of birth, gender, disabled, ethnic group, education and the amount of income received.
6. Anyone 18 years or older with no income needs to be listed on the Zero Income Affidavit and completely filled out.
7. Budget sheet needs to be filled out to the best of your ability.
8. Resource Referral page needs to be completely filled out.

How to turn in all required documents with pre-application packet:

- a) Mailing to NICAAN, 27 S. State Ave, Suite 102, Freeport, IL 61032
- b) Fax them to: 815-232-3143
- c) Or email to: nicaa125@nicaa.org

*** APPLICATION SUBMISSION DOES NOT GUARANTEE APPROVAL FOR BENEFITS.**



REQUIRED DOCUMENTATION CHECKLIST

*The following items are needed to begin the application process within the Community Services Department of NICAA. Please submit **ALL** the items with the packet.*

<p align="center">LIHEAP/CSBG REQUIRED DOCUMENTATION</p>	<ul style="list-style-type: none"> ○ Copies of Social Security Cards for ALL household members. ○ Copies of the top portion of your most recent gas and/or electric bills. <ul style="list-style-type: none"> ○ Must provide Disconnection notice if received. ○ Proof of any income for all household members 18 years or older within the past 30 days. <ul style="list-style-type: none"> ○ If you are 18 or older and have no income, fill out the zero-income affidavit provided in the packet. <ul style="list-style-type: none"> ▪ Provide backup documentation such as letter from DHS, Unemployment or a Bank statement. ▪ If you worked for cash, please indicate the amount you received in the last 30 days. ○ If you receive wages, we need: <ul style="list-style-type: none"> ▪ The most recent paystubs you received in the last 30 days. ▪ Or the last 3 paystubs if you are paid bi-weekly; last 5 pay stubs if paid weekly. ○ If you receive SSA, SSI or some form of retirement please send in: <ul style="list-style-type: none"> ▪ A copy of a recent bank statement. ▪ Or a copy of an award letter. ○ If you receive TANF we need something from the DHS office that shows how much you are receiving. ○ Current Signed Lease.
<p align="center">CSBG ADDITIONAL REQUIREMENTS</p>	<ul style="list-style-type: none"> ○ Proof of Financial Hardship: <ol style="list-style-type: none"> 1. 5-Day Eviction Notice. 2. Court Ordered Eviction. 3. Fire Report. 4. Code Enforcement Eviction. 5. Letter from the person you are currently staying with stating that you cannot stay with and why. 6. Mortgage Arrearage Statement. ○ Those who received a referral must submit a copy of the referral to the agency.

The packet (filled out completely) with the requested information must be returned no later than 15 days from the date it is signed. If it is returned after the 15 days, the agency reserves the right to request additional information. The agency reserves the right to request proof of income for the past 30 days.



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
- Other: _____

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: _____

Please check one

- Yes No Do you Rent your home?
- Yes No Do you Own your home?
- Yes No Are you currently on PIPP?

- Yes No Are you employed by Northwestern Illinois
Community Action Agency?
- Yes No Is anyone in your family employed by Northwestern
Illinois Community Action Agency?

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

Name: _____

Relationship: _____



DISCLOSURE FORM PY 2024

Household member Name on Bills and Utility Company Name.

LP/Natural Gas Company with Name on Bill: _____

Electric Company with Account Name on Bill: _____

Account Number: 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 or No

2. Supplemental Heating Fuel (Select one):

Electricity.

Wood.

Other.

3. Main Cooling equipment (Select one):

Central Air Conditioning.

Window/Wall Air Conditioning.

None.

4. Number of sleeping rooms in home? _____

5. A/C Unit location (Select one):

Sleeping Room.

Common Area.

Sleeping Room and Common Area.

6. Number of Air Conditioner Units in the home? _____



HOUSEHOLD MEMBER LIST

Soc. Sec. Number: _____

Name-First: _____

Last: _____

Date of Birth: _____ Age: _____

Gender: Male Female

Disabled: Yes No

Ethnic Group: Education:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> 9-12 (Non-Grad) |
| <input type="checkbox"/> African American | <input type="checkbox"/> H.S. Grad |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Some Collage |
| <input type="checkbox"/> Asian | <input type="checkbox"/> 2-4yr. Grad |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> G.E.D. |
| <input type="checkbox"/> Other | <input type="checkbox"/> 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: \$ _____

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PERSONAL AND FAMILY WITH ZERO-INCOME AFFIDAVIT

This form must be completed if the applicant or a family member in their household is 18 years or older and has reported no income for the last 30 days.

Applicant's Name:	
Household Member:	
Household Member:	
Household Member:	
Household Member:	

I hereby certify that those listed above have no income. We met our basic living expenses by:

I certify that the information above is true and correct. I understand I may be required to provide proof of any information given. I understand that providing false information will result in the denial of my application.

Applicant/Head of Household Signature.

Printed Name of Head of Household.



30 DAY HOUSEHOLD BUDGET SHEET

MONTHLYLY EXPENSES

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

SSA/SSI/SSDI \$ _____
 Wages \$ _____
 Unemployment \$ _____
 TANF \$ _____
 Child Support \$ _____
 Pension \$ _____
 VA Benefit \$ _____
 General Assistance \$ _____
 Cash Payment \$ _____
 SNAP Benefits _____
 Other \$ _____
 Total: \$ _____

Do you have Medical Insurance?

- Medicare Medicaid
 Private Insurance None

Total Expenses \$ _____

Income \$ _____

Difference \$ _____



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	<input type="checkbox"/> Yes or <input type="checkbox"/> 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/	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Are you interested in information about SSI (Supplemental Security Income)? https://ssa.gov/ssi/	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you have a safe place to go if you are disconnected from your heat source?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
If your residence has not been weatherized in the last 15 years, are you interested in information about the Weatherization Program?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Are you interested in information about the Illinois Department of Aging Community Care In-Home Service? https://www.illinois.gov/aging	<input type="checkbox"/> Yes or <input type="checkbox"/> 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	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Are you interested in information about Unemployment Insurance Benefits and job searches? https://www.ides.illinois.gov	<input type="checkbox"/> Yes or <input type="checkbox"/> No
If anyone in your household does not have health insurance, are you interested in information about Medicaid? https://www.illinois.gov/hfs	<input type="checkbox"/> Yes or <input type="checkbox"/> 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	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does anyone in your household receive SNAP (Food Stamps)?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Are you interested in Lifeline (monthly phone service discounts)?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Are you interested in help with childcare while you work, and/or in pre-school for your child or children? https://4childcare.org/	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Are you currently disconnected, or in danger of disconnection for your past-due wastewater (sewer) utility bill?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
How were you referred to LIHEAP? <ul style="list-style-type: none"> <input type="checkbox"/> Governor's Published Announcement <input type="checkbox"/> Local New Media <input type="checkbox"/> Flier(s) <input type="checkbox"/> LIHEAP event (e.g. energy workshop) <input type="checkbox"/> Former applicant <input type="checkbox"/> Other: _____ To locate other programs in your area contact: The United Way - Dial 211 or The City Chicago - Dial 311	



CSBG – HOUSING ASSISTANCE

REQUEST FOR SERVICES

Who in the home is requesting assistance?

What service are you requesting?

- Rent Help
- Mortgage Help
- Utility Help

Did you receive any of the following?

- Eviction Notice
- Past Due Mortgage
- Disconnection Notice
- Homeless

How much are you behind?

Did you try to make a payment arrangement? Yes or No

If yes and you could not uphold it, why?

Are you homeless? Yes or No



CSBG – HOUSING ASSISTANCE

Applicant’s Narrative:

What happened that caused you to seek assistance from NICA A’s CSBG Program?

What expenses did you incur that caused your financial hardship that prohibited your ability to pay your bills that you are seeking CSBG assistance for?

What are your plans/goals to prevent the arrearage from occurring again?

Applicant Signature

Date



CSBG – HOUSING ASSISTANCE

I, _____ give NICA A staff permission to contact my landlord or mortgage company in reference to my application.

Landlord/Mortgage Company Name

Street Address

City, State, Zip Code

Landlord/Mortgage Company Phone Number

Applicant Signature

Date