



INSTRUCTIONS ON FILLING OUT THE PRE-APPLICATION PACKET

1. Applicants looking for LIHEAP 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 in 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 NICAA, 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.**



NICAA

REV: 12.2024



Illinois
Department of Commerce
& Economic Opportunity



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>LIHEAP 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 ONLY if your utility bills are included in your rent.
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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 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:

- 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

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:** _____



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CONTACT INFORMATION FOR HEAD OF HOUSEHOLD

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE#: _____

ALTERNATIVE PHONE#: _____

EMAIL: _____

Please check one

- Yes No Are you currently receiving PIPP benefits?
- Yes No Do you Rent your home?
- Yes No Do you Own your home?
- 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?
- Yes No Are you interested in solar subscriptions?

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 College |
| <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: \$ _____

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 College |
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Child Support: \$ _____

Pension: \$ _____

VA Benefit: \$ _____

GA: \$ _____

SNAP: \$ _____





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 College |
| <input type="checkbox"/> Asian | <input type="checkbox"/> 2-4yr. Grad |
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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 |
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Child Support: \$ _____

Pension: \$ _____

VA Benefit: \$ _____

GA: \$ _____

SNAP: \$ _____



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HOUSEHOLD MEMBER LIST

Soc. Sec. Number: _____ Are you a Veteran: Yes No
Name-First: _____ Gross Income for the past 30 days.
Last: _____ Soc. Sec.: \$ _____
Date of Birth: _____ Age: _____ SSI: \$ _____
Gender: Male Female Wages: \$ _____
Disabled: Yes No Unemployment: \$ _____
Ethnic Group: Education: TANF/AABD: \$ _____
 White 9-12 (Non-Grad) Child Support: \$ _____
 African American H.S. Grad Pension: \$ _____
 Native American Some College VA Benefit: \$ _____
 Asian 2-4yr. Grad GA: \$ _____
 Hispanic G.E.D. SNAP: \$ _____
 Other Other Post-Secondary School

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 Hispanic G.E.D. SNAP: \$ _____
 Other Other Post-Secondary School





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.



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30 DAY HOUSEHOLD BUDGET SHEET

MONTHLY 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/AABD \$ _____

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 \$ _____



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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 having a kit of free energy-saving products (for example, LED light bulbs and weatherstripping) shipped to your home at no cost to you, to help you save money on your utility bills, if you qualify? 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	

