

**Requirements & Documents Need to Complete
LIHEAP or LIHWAP Application**

**LOW INCOME HOME ENERGY ASSISTANCE
PROGRAM (LIHEAP) (Energy Assistance)**

- **SOCIAL SECURITY CARDS FOR EVERYONE IN THE HOUSEHOLD**
- **GROSS INCOME FOR ALL HOUSEHOLD MEMBERS INCLUDING SSI, SSA, SSDI, RETIREMENT OR PENSION**
- **MOST RECENT AMEREN CILCO BILL IN YOUR NAME**
- **COPY OF YOUR LINK CARD (If you receive one).**

**LOW INCOME HOUSEHOLD WATER ASSISTANCE
PROGRAM (LIHWAP)**

- 1. DISCONNECTED**
- 2. IMMINENT DISCONNECT**
- 3. ARREARAGE OF \$250 OR MORE**

DOCUMENTS NEEDED

- 1. APPLICATION**
- 2. WATER BILL/SEWAGE BILL**
- 3. PASS 30 DAYS OF INCOME**
- 4. SOCIAL SECURITY CARD**

INCOME GUIDELINE SEE ATTACHED

Please Copies Only

We Are Not Responsible For Original Documents

PCCEO COMMUNITY ACTION AGENCY

Name: _____

Address: _____ Apt# _____

City: _____ State: _____

Zip: _____

Number of People in Household: _____

Phone: _____

Email: _____

Acct#: _____

CONFIRMED BY: _____

Universal Signature Page

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

<input type="checkbox"/>	Community Service Block Grant (CSBG)
<input type="checkbox"/>	Illinois Home Weatherization Program (IHWAP or Weatherization)
<input type="checkbox"/>	Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income Payment Plan (PIPP) program
<input type="checkbox"/>	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: _____

SEE BACK 

LIHEAP/ LIHWAP CLIENT INTAKE FORM

PERSONS NAME ON AMEREN BILL: _____ SSN: _____ DATE OF BIRTH: _____ / _____ / _____ GENDER: M or F

RACE: _____ INCOME SOURCE: _____ AMOUNT: _____

LAST 4 OF SSN	NAME	M/F	DATE OF BIRTH	RACE	DIS	VET	WAGES	SSA	UNEMPL	SSI	GA	OTH

Do you live in a: House or Duplex or Apt Building Do you Own: Y or N Do you Rent: Y or N If Yes, How much is your Rent: _____

Is your Rent Subsidized: Y or N Do you receive LINK? Y or N Link Card Number: _____ Do you receive Cash (TANF): Y or N

Ameren Service Address: _____ City: _____ Zip: _____

Phone: (____)____-____-____ (Home, cell, neighbor, work) Alternate Phone: (____)____-____-____ (Home, cell, neighbor, work)

E-Mail: _____ Mailing Address if different than above: _____

Are you interested in PIPP: YES or NO

SUPPLEMENTAL QUESTIONS:

1. Do you Have a Past Due Notice for AMEREN: Yes / No (Required)
2. Is your home HEATED by: Electricity Wood Propane or Other
3. Is your home COOLED by: Central Air Conditioning Window Unit Wall Unit or Other
4. Number of Bedrooms in the Home: _____
5. How many AC units or other do you have? _____ Where are the AC units located? Bedrooms Living Room or Both

SUPPLEMENTAL WATER/WASTEWATER (SEWAGE) QUESTIONS:

1. Are you currently disconnected for having a past-due Water Bill? Yes or No
2. Are you in imminent danger of being disconnected on a past-due Water Bill? Yes or No
3. Are you currently behind on your water or wastewater (sewage) bill in the amount of \$250 or more? Yes or No

Did you receive a copy of your appeal rights? YES or NO Did you receive Lisa Madigan (ILLINOIS ATTORNEY GENERAL) handout? YES or NO
I understand all income sources, for all household members, will be further verified by the State of Illinois.

Print Name _____ Signature _____ Date _____ / _____ / _____

Low Income Household Water 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?

Yes* CONTINUE No Continue to signature

All Expenses were covered by household's recorded income.

If yes, continue filling out this form and indicate which expenses were **paid directly**, and by whom. Please include the 30-day expense totals, and explain below how the following expenses have been met in the household (such as SNAP, Section 8, etc.).

If paid for **directly** by someone else, please 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 directly
Food			
Housing			
Transportation			
Utilities			
Basic living needs*			

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

____ 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

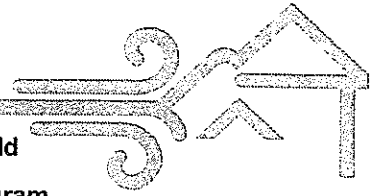
Intake Worker Signature

Date

Resource Referrals for Energy Assistance

Are you interested in budgeting or financial literacy tips to help you manage your household income? Metec (309) 676-3832	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)? US Social Security Administration 877-319-6039	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? Central Illinois Agency On Aging (CIAA) (309) 674-2071	Yes or No
If a household member is a Veteran of the United States Armed Forces, would you like information on Veterans Benefits? Peoria Vet Center 309-689-9708 Or 309-689-9708	Yes or No
Are you interested in information about Unemployment Insurance Benefits and job searches? Illinois Department of Employment Security (309) 671-3113	Yes or No
If everyone in your household does not have health insurance, are you interested in information about Medicaid? Illinois DHS Family Community Resource Center (309) 671-8100	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? Peoria City/County Health Department (309) 679-6000 and Neighborhood House (309) 674-1131	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)? Safelink.com	Yes or No
Are you interested in help with childcare while you work, and/or in pre-school for your child or children? SAL Child Care Connection (309) 686-3750 and PCCEO Head Start (309) 671-3960	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 (309)999-4029	

YOUR RIGHTS



Under the **Low-Income Home Energy Assistance Program, Low Income Household Water Assistance Program** and the **Illinois Home Weatherization Assistance Program**

The Low-Income Home Energy Assistance Program (LIHEAP) is designed to help income eligible households meet the rising cost of home energy.

Eligibility and the assistance level depend on:

- the household's income and number of members;
- whether or not the household pays for its home energy costs directly or the home energy costs are included in the rent, and if rent exceeds 30% of income;
- the type of home energy fuel if the household pays directly; and
- the region in which the household is located.

Low-Income Household Water Assistance Program (LIHWAP) provides funds to assist low-income households with water and wastewater bills. Eligibility and the assistance level depend on:

- the household's income.
- whether or not the household is in crisis by being disconnected, imminent disconnection and being in arrearage of \$250 or more.

The Illinois Home Weatherization Assistance Program (IHWAP) is designed to help income eligible households conserve fuel and save money by making their homes and apartments energy efficient.

Eligibility for the Weatherization Program depends on:

- the household's income and number of members; and
- whether or not the household can show proof of home ownership, or the landlord complies with the program requirements.

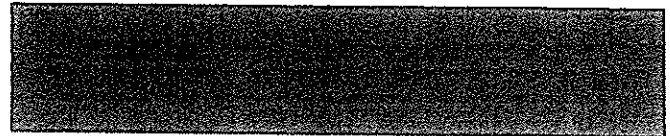
Appeal Rights

You have the right of appeal to any of the programs if:

- your application was not processed in a timely fashion (approximately 30 days after you submit all your information to the agency).
- you disagree with the outcome of your application.
- or you believe the payment or benefit received is incorrect.

Appeal Process

The first step in the appeal process is an informal conference at a local agency. You may request an informal conference by contacting your:



During this hearing you have the right to:

- be represented or bring to the conference a representative of your choice.
- present oral and written statements and other evidence.
- cross-examine witnesses; and/or
- bring an interpreter, if needed.

The informal conference will be held by a designated hearing officer at the Local Administering Agency. The purpose of the informal conference is to ensure that the applicant understands the outcome of the application and/or the reason for a delay. The applicant must request a conference within 30 days of receipt of a notice of a decision on the applicant's application or within 60 days if notification has not been received.

If you have completed the informal conference and still are not satisfied with the decision, you may request a state review. The Local Administering Agency will advise you on how to request a state review, the second step in the process.

The state office will review your case and advise both you and the local agency of the decision.

If you are still unsatisfied after the state review, you may request a formal hearing by a state appeals officer. This testimony will be recorded, and a written decision will be based on the record.

These are **Your Rights**. If you do not understand them, please contact your Local Administering Agency.

To report suspected Energy Assistance fraud or abuse: DCEO Office of Community Assistance, Attn: Fraud Unit, 500 E. Monroe St., Springfield, IL 62701



Illinois
Department of Commerce
& Economic Opportunity
OFFICE OF COMMUNITY ASSISTANCE



ALERT to LIHEAP Participants

Even though you can choose which company supplies your natural gas and electricity, in order to make a well-informed decision, you should compare all offers from alternative suppliers to your utility's price to make sure that you are paying the lowest rate.

- Illinois law allows consumers to choose whether to buy their natural gas and electricity supply from their utility or an alternative supplier.
- You do not need to enroll with an alternative supplier to receive your LIHEAP benefits.
- No one helping you with your LIHEAP benefits should try to enroll you with an alternative supplier.
- Do not sign up with an alternative supplier until you compare their offer to the price charged by your utility.
- *Compared to utilities, alternative suppliers can charge higher prices and more fees.*

Know Your Options

- Check your utility bill to determine the source of your supply.
 - Are you purchasing natural gas or electricity supply from your utility company or an alternative supplier?
- Find out how much you are paying by locating your supply rate on your utility bill.
 - How much is the rate for supply?
 - What type of rate is it? (A fixed rate charges one price during a certain period of time. A variable rate charges a different rate each month based on market conditions.)
 - Is it a temporary introductory rate? If so, how long will it last?
 - Is there a monthly fee or other additional charge?
- Compare your rate. You can compare utility and alternative supplier prices online.
 - Electricity prices: <http://www.pluginillinois.org/offersbegin.aspx>
 - Natural gas prices: <http://www.icc.illinois.gov/ags/products.aspx>
- Decide if you should switch. If the utility is cheaper, consider switching back to the utility company. You may be charged a fee of up to a maximum of \$50 for cancelling with the alternative supplier, but it may save you money in the long run.
- Be careful when shopping around. If you are considering switching, do not share your account information unless you are ready to enroll. Take a couple of days to consider every offer.

To learn more information or file a complaint, please contact:

The Illinois Attorney General's Office
<http://www.IllinoisAttorneyGeneral.gov>

1-800-386-5438

The Illinois Commerce Commission
<http://www.icc.illinois.gov/consumer/complaint/>

1-800-524-0795

For detailed guidance on *Choosing a Natural Gas or Electricity Supplier*, visit:
<http://www.illinoisattorneygeneral.gov/consumers/Choosing a Natural Gas or Electricity Supplier.pdf>