OMB Control No. 0970-0060 LIHEAP Household Report--Federal Fiscal Year 2012--Long Format Expiration Date: 10/31/1x

OMB CONITO NO. 0970-0000			L	INEAP NOUS	енова керов	ıreuerar r	15cai i eai 2	.u1zLung	ruinat			Expiration Dat	e. 10/31/1X
Grantee Name:				Contact Person:	Phone:		Date			Date:	:		
The LIHEAP Household Report— recipient and applicant household Assisted Households and (2) Re measuring targeting performance	ls for Federal Fis ecommended F	cal Year (FFY) 20. ormat for LIHEAF	12, the period of O  Applicant House	ctober 1, 2011 - S cholds. Data on a	September 30, 20 assisted househo	12. The Report olds are included	consists of the fo in the Departme	ollowing section nt's annual <i>LIHI</i>	s: (1) <b>Recom</b> r EAP Report to	nended Long F Congress. The	Format for LIHE data are also use	AP	
There are two types of data: (1) ILLIHEAP Household Report-Long Community Services' LIHEAP we response are not page protected automatically for each type of asson the data below include estima  1. RECOMMENDED LONG F	Format (the Exc b site at: www.a However, other sistance by a form ted figures?	tel file name is <i>hh</i> s of hhs.gov/program r areas of the spre mula when the pov	erptst.x/s) and the inscrept and the inscript and the ins	nstructions on cor tees/forms.html#h modified. For ex entered.	mpleting the Repo nousehold_report	ort (the Word file  The spreadshoer of assisted an	name is hhrptins eet is page prote	s.doc) can be do cted in order to seholds can no	ownloaded in the keep the format t be entered. E	ne Forms section at uniform. The Each total will be	ns of the Office of items requiring a e calculated	of	
				-		REQUIRED D	ATA					REQUES	TED DATA
Туре		Number of	2011 HHS Pove	rty Guideline inter	val, based on gro	oss income and I	nousehold size		At least one n	nember who is		At least one i	member who is
of assistance	Mark " <b>X</b> " to indicate estimated data	assisted households	Under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	Over 150% poverty	60 years or older (elderly)	Disabled	Age 5 years or under (young child)	Elderly/ Disabled/ Young Child	Age 2 years or under	Age 3 years through 5 years
Heating		0											

Note: Include any notes below for section 1 (indicate type of assistance and item the note is referencing):	= not applicabl

## 2. RECOMMENDED FORMAT FOR LIHEAP APPLICANT HOUSEHOLDS (regardless of whether assisted)

0

0

Cooling

Winter/year round crisis
Summer crisis
Other crisis (specify)

Weatherization

Any type of LIHEAP assistance

			REQUIRED	DATA						
Туре	Mark "x" to	Number of	2011 HHS Poverty Guideline interval, based on gross income and household size							
of	indicate	applicant	Under	75%-100%	101%-125%	126%-150%	Over	Income data		
assistance	estimated data	households	75% poverty	poverty	poverty	poverty	150% poverty	unavailable		
Heating		0								
Cooling		0								
Winter/year round crisis		0								
Summer crisis		0								
Other crisis (specify)		0								
Weatherization		0								

Note: Include any notes below for section 1 or 2 (indicate which section, type of assistance, and item the note is referencing):