

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
LIHEAP HOUSEHOLD REPORT-SHORT FORM**

Grantee Name: _____ **FFY: 20** _____
Contact Person: _____ **Phone:** _____
Email Address: _____

The LIHEAP Household Report-Short Form is for use by all direct-grant Indian tribes/tribal organizations and the insular areas (with the exception of the Commonwealth of Puerto Rico).

a. You can find the full instructions for submitting this report - Click [HERE](#)

Required Data

Type of assistance	A. Number of assisted households
1. Heating	6
2. Cooling	18
3. Winter / year-round crisis	6
4. Summer crisis	7
5. Weatherization	5

Note: Include any notes below for (indicate which type of assistance the note is referencing).

Certification

Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official: _____ d. Telephone: _____
b. Title of Authorized Official: _____ e. Email address: _____
c. Signature of Authorized Official: _____ f. Date Submitted: _____