

Grantee Name:

Contact Person:

Email Address:

The **LIHEAP Household Report-Short Form** is for use by all direct-grant Indian tribes/tribal organizations
a. You can find the full instructions for submitting this report - Click [HERE](#)

Required Data

Type of assistance	A
1. Heating	
2. Heating (CARES Act funding only)	
3. Heating (Reserved for other supplemental funding)	
4. Cooling	
5. Cooling (CARES Act funding only)	
6. Cooling (Reserved for other supplemental funding)	
7. Winter / year-round crisis	
8. Winter / year-round crisis (CARES Act funding only)	
9. Winter / year-round crisis (Reserved for other supplemental funding)	
10. Summer crisis	
11. Summer crisis (CARES Act funding only)	
12. Summer crisis (Reserved for other supplemental funding)	
13. Weatherization	
14. Weatherization (CARES Act funding only)	
15. Weatherization (Reserved for other supplemental funding)	

Remarks

Please enter any explanation needed of the above-reported data:

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.

a. Name of Authorized Official:

b. Title of Authorized Official:

c. Signature of Authorized Official:

edge.
ative penalties. (U.S. Code, Title 18, Section 1001)

d. Telephone:

e. Email address:

f. Date Submitted: