

# Household Report - Long Form

---

---

OMB Clearance No.: 0970-0060  
Expiration Date:  
**LOW INCOME HOME ENERGY ASSISTANCE  
LIHEAP HOUSEHOLD REPORT-LONG**

---

## Grantee Information

---

**Grantee Name:**

---

**Contact Person:**

---

**Email Address:**

---

## Instructions

**The 50 States, District of Columbia, and the Commonwealth of Puerto Rico are required** providing household counts for the designated Federal Fiscal Year. The Report consists of household counts for both LIHEAP assisted and LIHEAP applicant households.

- I. Number of Assisted Households
- II. Number of Assisted Households by Poverty Interval
- III. Number of Assisted Households by Vulnerable Population
- IV. Number of Applicant Households
- V. Number of Applicant Households by Poverty Interval
- VI. Number of Assisted Households by Young Child Age Category

Except for Section VI, the household counts for LIHEAP assisted and applicant household optional. If LIHEAP funds are used for any other type of service not listed in the sections b households assisted with that service in the Notes Section.

The required data for LIHEAP assisted households for each State are included in the Dep; data are also used in measuring LIHEAP targeting performance under the Government Pe the GPRA Modernization Act of 2010. As the reported data are aggregated, the informatio

---

[Click HERE to read the expanded Household Report - Long Form Instructions.](#)

---

**Do the data below include estimated figures?**  
If YES, select the appropriate box in column A of Section I and Section IV for each type of assistance that has at least one estimated data en

---

## I. Number of Assisted Households

---

Number of assisted households
Type of LIHEAP assistance

---

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. Crisis
a. Year Round
b. Year Round (CARES Act funding only)
c. Year Round (Reserved for other supplemental funding)
d. Winter
e. Winter (CARES Act funding only)
f. Winter (Reserved for other supplemental funding)
g. Summer
b. Summer (CARES Act funding only)
c. Summer (Reserved for other supplemental funding)
g. Emergency Furnace Repair & Replacement
b. Emergency Furnace Repair & Replacement (CARES Act funding only)
c. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)
8. Weatherization
9. Weatherization (CARES Act funding only)
10. Weatherization (Reserved for other supplemental funding)
11. Any type of LIHEAP assistance
12. Any type of LIHEAP assistance (CARES Act funding only)
13. Any type of LIHEAP assistance (Reserved for other supplemental funding)
14. Bill Payment Assistance
15. Bill Payment Assistance (CARES Act funding only)
16. Bill Payment Assistance (Reserved for other supplemental funding)
17. Nominal Payments
18. Nominal Payments (CARES Act funding only)
19. Nominal Payments (Reserved for other supplemental funding)

## II. Number of Assisted Households by Poverty Interval

HHS Poverty Guidelines for Calendar Year 2013	
Type of LIHEAP assistance	A. Under 75% poverty
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.Crisis	
a. Year Round	
b. Year Round (CARES Act funding only)	
c. Year Round (Reserved for other supplemental funding)	
d. Winter	
e. Winter (CARES Act funding only)	
f. Winter (Reserved for other supplemental funding)	
g. Summer	
h. Summer (CARES Act funding only)	
i. Summer (Reserved for other supplemental funding)	
j. Emergency Furnace Repair & Replacement	
k. Emergency Furnace Repair & Replacement (CARES Act funding only)	
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)	
8. Weatherization	
9. Weatherization (CARES Act funding only)	
10. Weatherization (Reserved for other supplemental funding)	

### III. Number of Assisted Households by Vulnerable Population

At least one households member who is a member of one the following target groups	
Type of LIHEAP assistance	
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.Crisis	
a. Year Round	
b. Year Round (CARES Act funding only)	
c. Year Round (Reserved for other supplemental funding)	
d. Winter	
e. Winter (CARES Act funding only)	
f. Winter (Reserved for other supplemental funding)	
g. Summer	
h. Summer (CARES Act funding only)	
i. Summer (Reserved for other supplemental funding)	
j. Emergency Furnace Repair & Replacement	
k. Emergency Furnace Repair & Replacement (CARES Act funding only)	
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)	
8. Weatherization	
9. Weatherization (CARES Act funding only)	
10. Weatherization (Reserved for other supplemental funding)	
11. Any type of LIHEAP assistance	
12. Any type of LIHEAP assistance (CARES Act funding only)	
13. Any type of LIHEAP assistance (Reserved for other supplemental funding)	

### IV. Number of Applicant Households

Number of applicant households
--------------------------------

Type of LIHEAP assistance	
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.Crisis	
a. Year Round	
b. Year Round (CARES Act funding only)	
c. Year Round (Reserved for other supplemental funding)	
d. Winter	
e. Winter (CARES Act funding only)	
f. Winter (Reserved for other supplemental funding)	
g. Summer	
h. Summer (CARES Act funding only)	
i. Summer (Reserved for other supplemental funding)	
j. Emergency Furnace Repair & Replacement	
k. Emergency Furnace Repair & Replacement (CARES Act funding only)	
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)	
8. Weatherization	
9. Weatherization (CARES Act funding only)	
10. Weatherization (Reserved for other supplemental funding)	

## V. Number of Applicant Households by Poverty Interval

HHS Poverty Guidelines for Calendar Year 2013		
Type of LIHEAP assistance	A. Under 75% poverty	B. 75%-100% poverty
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.Crisis		
a. Year Round		
b. Year Round (CARES Act funding only)		
c. Year Round (Reserved for other supplemental funding)		
d. Winter		
e. Winter (CARES Act funding only)		
f. Winter (Reserved for other supplemental funding)		
g. Summer		
h. Summer (CARES Act funding only)		
i. Summer (Reserved for other supplemental funding)		

j. Emergency Furnace Repair & Replacement		
k. Emergency Furnace Repair & Replacement (CARES Act funding only)		
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)		
8. Weatherization		
9. Weatherization (CARES Act funding only)		
10. Weatherization (Reserved for other supplemental funding)		

## VI. Number of Assisted Households by Young Child Age Category (Optional)

At least one member who is
Type of LIHEAP assistance
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. Crisis
a. Year Round
b. Year Round (CARES Act funding only)
c. Year Round (Reserved for other supplemental funding)
d. Winter
e. Winter (CARES Act funding only)
f. Winter (Reserved for other supplemental funding)
g. Summer
h. Summer (CARES Act funding only)
i. Summer (Reserved for other supplemental funding)
j. Emergency Furnace Repair & Replacement
k. Emergency Furnace Repair & Replacement (CARES Act funding only)
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)
8. Weatherization
9. Weatherization (CARES Act funding only)
10. Weatherization (Reserved for other supplemental funding)

## Remarks

Enter any explanation needed regarding the reliability and/or validity 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.

a. Name of Authorized Official:

b. Title of Authorized Official:

c. Signature of Authorized Official:

LIHEAP PROGRAM  
LONG FORM

FFY:

Phone:

Required to use the LIHEAP Household Report-Long Form in the following six sections that are to include unduplicated

Sections are required under the LIHEAP statute. Section VI is below, describe the service and the total number of

the Department's LIHEAP annual Report to Congress. The required information under the Government Performance and Results Act (GPRA) of 1993, as amended by the GPRA Modernization Act of 2010, is not considered to be confidential.

try.

Select One  
Yes No

A. Select if estimated data	B. Total Number of Households
-----------------------------	-------------------------------










---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**A. Age 2 years or under**

**B. Age 3 years through 5 years**