

**Recipient 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)   |   |
| 3. Heating (American Rescue Plan Act funding)                            |   |
| 4. Heating (Reserved for other supplemental funding)                     |   |
| 5. Cooling   |   |
| 6. Cooling (CARES Act funding)   |   |
| 7. Cooling (American Rescue Plan Act funding)                            |   |
| 8. Cooling (Reserved for other supplemental funding)                     |   |
| 9. Winter / year-round crisis  |   |
| 10. Winter / year-round crisis (CARES Act funding)                       |   |
| 11. Winter / year-round crisis (American Rescue Plan Act funding)        |   |
| 12. Winter / year-round crisis (Reserved for other supplemental funding) |   |
| 13. Summer crisis  |   |
| 14. Summer crisis (CARES Act funding)                                    |   |
| 15. Summer crisis (American Rescue Plan Act funding)                     |   |
| 16. Summer crisis (Reserved for other supplemental funding)              |   |
| 17. Weatherization   |   |
| 18. Weatherization (CARES Act funding)                                   |   |
| 19. Weatherization (American Rescue Plan Act funding)                    |   |
| 20. Weatherization (Reserved for other supplemental funding)             |   |
| 21. Other crisis assistance  |   |
| 22. Other crisis assistance (CARES Act funding)                          |   |
| 23. Other crisis assistance (American Rescue Plan Act funding)           |   |
| 24. Other crisis assistance (Reserved for other supplemental funding)    |   |
| Remarks  |   |

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

**Certification**

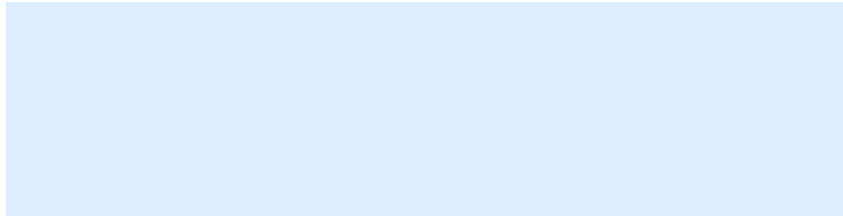
**Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.**

**a. Name of Authorized Official:**

**b. Title of Authorized Official:**

**c. Signature of Authorized Official:**





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

**d. Telephone:**

**e. Email address:**

**f. Date Submitted:**