

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**

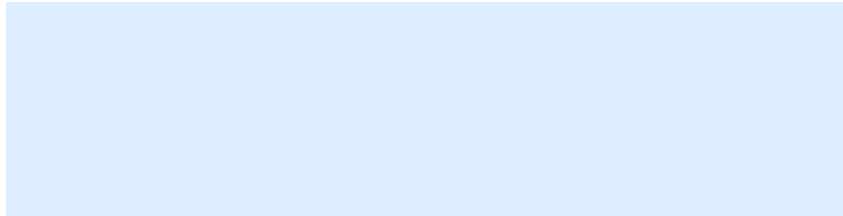
**Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.**

**a. Name of Authorized Official:**

**b. Title of Authorized Official:**

**c. Signature of Authorized Official:**





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

**d. Telephone:**

**e. Email address:**

**f. Date Submitted:**