Household Report - Long Form

OMB Clearance No.: 0970-0060 Expiration Date: XX/XX/2025

LOW INCOME HOME ENERGY ASSISTANC LIHEAP HOUSEHOLD REPORT-LONG

Recipient Information Recipient Name: Contact Person: Email Address:

Instructions

The 50 States, District of Columbia, the Commonwealth of Puerto Rico are required providing household counts for the designated Federal Fiscal Year. The Report consists o 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 Assisted Households by Young Child Age Category
- V: Optional Number of Assisted Households Owner/Renter Status
- VI: Number of Assisted Household Applicants by Race and Ethnicity
- VII: Number of Assisted Household Applicants by Gender
- VIII: Optional Measure: Number of Assisted Household Members by Race and Ethnicity
- IX: Optional Measure: Number of Assisted Household Members by Gender

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 by the GPRA Modernization Act of 2010. As the reported data are aggregated, the information of the control of the cont

Click HERE to read the expanded Household Report - Long Form Instructions.

Do the data below include estimated figures?

I. Number of Assisted Households

Number of assisted households

Type of LIHEAP assistance

- 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. Crisis
 - a. Year Round
 - b. Year Round (CARES Act funding)
- c. Year Round (American Rescue Plan Act funding)
 - d. Year Round (Reserved for other supplemental funding)
 - e. Winter
 - f. Winter (CARES Act funding)

g. Winter (American Rescue Plan Act funding)	
h. Winter (Reserved for other supplemental funding)	
i. Summer	
j. Summer (CARES Act funding)	
k. Summer (American Rescue Plan Act funding)	
l. Summer (Reserved for other supplemental funding)	
m. Emergency Furnace Repair & Replacement	
n. Emergency Furnace Repair & Replacement (CARES Act funding)	
o. Emergency Furnace Repair & Replacement (American Rescue Plan Act funding)	
p. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)	
q. Other Crisis Assistance	
r. Other Crisis Assistance (CARES Act funding)	
s. Other Crisis Assistance (American Rescue Plan Act funding)	
t. Other Crisis Assistance (Reserved for other supplemental funding)	
10. Weatherization	
11. Weatherization (CARES Act funding)	
12. Weatherization (American Rescue Plan Act funding)	
13. Weatherization (Reserved for other supplemental funding)	
14. Any type of LIHEAP assistance	
15. Any type of LIHEAP assistance (CARES Act funding)	
16. Any type of LIHEAP assistance (American Rescue Plan Act funding)	
17. Any type of LIHEAP assistance (Reserved for other supplemental funding)	
18. Bill Payment Assistance	
19. Bill Payment Assistance (CARES Act funding)	
20. Bill Payment Assistance (American Rescue Plan Act funding)	
21. Bill Payment Assistance (Reserved for other supplemental funding)	
22. Nominal Payments	
23. Nominal Payments (American Rescue Plan Act funding only)	
24. Nominal Payments (American Rescue Plan Act funding)	
25. Nominal Payments (Reserved for other supplemental funding)	
II. Number of Assisted Households by Poverty Interval	
Applicable HHS Poverty Guidelines in effect at the beginning of FFY	
Type of LIHEAP assistance	A. Under 75% poverty
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. Crisis	
a. Year Round	
b. Year Round (CARES Act funding)	
c. Year Round (American Rescue Plan Act funding)	
d. Year Round (Reserved for other supplemental funding)	
e. Winter	
f. Winter (CARES Act funding)	
g. Winter (American Rescue Plan Act funding)	
h. Winter (Reserved for other supplemental funding)	
i. Summer	

j. Summer (CARES Act funding)	
k. Summer (American Rescue Plan Act funding)	
l. Summer (Reserved for other supplemental funding)	
m. Emergency Furnace Repair & Replacement	
n. Emergency Furnace Repair & Replacement (CARES Act funding)	
o. Emergency Furnace Repair & Replacement (American Rescue Plan Act funding)	
p. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)	
q. Other Crisis Assistance	
r. Other Crisis Assistance (CARES Act funding)	
s. Other Crisis Assistance (American Rescue Plan Act funding)	
t. Other Crisis Assistance (Reserved for other supplemental funding)	
10. Weatherization	
11. Weatherization (CARES Act funding)	
12. Weatherization (American Rescue Plan Act funding)	
13. 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	
At least one nousenoids member who is a member of one the following target groups	
Type of LIHEAP assistance	
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)	
<u> </u>	
8. Cooling (Reserved for other supplemental funding)	
9. Crisis	
a. Year Round	
b. Year Round (CARES Act funding)	
c. Year Round (American Rescue Plan Act funding)	
d. Year Round (Reserved for other supplemental funding)	
e. Winter	
f. Winter (CARES Act funding)	
g. Winter (American Rescue Plan Act funding)	
h. Winter (Reserved for other supplemental funding)	
i. Summer	
j. Summer (CARES Act funding)	
k. Summer (American Rescue Plan Act funding)	
I. Summer (Reserved for other supplemental funding)	
m. Emergency Furnace Repair & Replacement	
n. Emergency Furnace Repair & Replacement (CARES Act funding)	
o. Emergency Furnace Repair & Replacement (American Rescue Plan Act funding)	
p. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)	
q. Other Crisis Assistance	
r. Other Crisis Assistance (CARES Act funding)	
s. Other Crisis Assistance (American Rescue Plan Act funding)	
t. Other Crisis Assistance (Reserved for other supplemental funding)	
10. Weatherization	
11. Weatherization (CARES Act funding)	
12. Weatherization (American Rescue Plan Act funding)	

13. Weatherization (Reserved for other supplemental funding)		
14. Any type of LIHEAP assistance		
15. Any type of LIHEAP assistance (CARES Act funding)		
16. Any type of LIHEAP assistance (American Rescue Plan Act funding)		
17. Any type of LIHEAP assistance (Reserved for other supplemental funding)		
IV. Number of Assisted Households by Young Ch	ild Age Category (Optional)	
At least one member who is		
Type of LIHEAP assistance		
1. Heating		
2. Heating (CARES Act funding)		
3. Heating (American Rescue Plan Act funding)		
4. Heating (Reserved for other supplemental funding)		
5. Cooling		
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6. Cooling (CARES Act funding)		
7. Cooling (American Rescue Plan Act funding)		
8. Cooling (Reserved for other supplemental funding)		
9. Crisis		
a. Year Round		
b. Year Round (CARES Act funding)		
c. Year Round (American Rescue Plan Act funding)		
d. Year Round (Reserved for other supplemental funding)		
e. Winter		
f. Winter (CARES Act funding)		
g. Winter (American Rescue Plan Act funding)		
h. Winter (Reserved for other supplemental funding)		
i. Summer		
j. Summer (CARES Act funding)		
k. Summer (American Rescue Plan Act funding)		
l. Summer (Reserved for other supplemental funding)		
m. Emergency Furnace Repair & Replacement		
n. Emergency Furnace Repair & Replacement (CARES Act funding)	. I'	
o. Emergency Furnace Repair & Replacement (American Rescue Plan Act fur p. Emergency Furnace Repair & Replacement (Reserved for other supplemen		
q. Other Crisis Assistance	ital fullullig)	
r. Other Crisis Assistance r. Other Crisis Assistance (CARES Act funding)		
s. Other Crisis Assistance (CARES Act funding) s. Other Crisis Assistance (American Rescue Plan Act funding)		
t. Other Crisis Assistance (Reserved for other supplemental funding)		
10. Weatherization		
11. Weatherization (CARES Act funding)		
12. Weatherization (American Rescue Plan Act funding)		
13. Weatherization (Reserved for other supplemental funding)		
V. Number of Assisted Households Owner/Renter Status		
The state of the s	Total Number of	
A. Owner/Renter Status	Households	
1. Own		
2. Rent with utilities billed separately		
3. Rent with utilities in rental fee		
4. Other		

4. TOTAL (Auto Calculated)	0	
VI. Number of Assisted Household Applicants by Race and Eth		
A. Ethnicity	Total Number of Households	
	nousciloius	
1. Hispanic, Latino, or Spanish Origins		
2. Not Hispanic, Latino, or Spanish Origins		
3. Unknown/not reported		
4. TOTAL (Auto Calculated)	0	
B. Race	Total Number of	
	Households	
1. American Indian or Alaska Native		
2. Asian		
3. Black or African American		
4. Native Hawaiian or Other Pacific Islander		
5. White		
6. Multi-race (two or more of the above)		
7. Other		
8. Unknown/not reported		
9. TOTAL (Auto Calculated)	0	
VII. Number of Assisted Household Applicants by Gender	Total Number of	
	Households	
1. Self Identified Male		
2. Self Identified Female		
3. Other		
4. Unknown/not reported		
5. TOTAL (Auto Calculated)	0	
VIII. Assisted Household Members by Race and Ethnicity*		
A. Ethnicity	Number of	
	Household	
	Members	
1. Hispanic, Latino, or Spanish Origins		
2. Not Hispanic, Latino, or Spanish Origins		
3. Unknown/not reported		
4. TOTAL (Auto Calculated)	0	
*See Instructions		

B. Race*	Number of Household Members	
1. American Indian or Alaska Native		
2. Asian		
3. Black or African American		
4. Native Hawaiian or Other Pacific Islander		
5. White		
6. Multi-race (two or more of the above)		
7. Other		
8. Unknown/not reported		
9. TOTAL (Auto Calculated)	0	
*See Instructions		
IX. Assisted Household Members by Gender*	Number of Household Members	
1. Self Identified Male		
2. Self Identified Female		
3. Other		
4. Unknown/not reported		
5. TOTAL (Auto Calculated)	0	
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. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 18, Section 1001)		
a. Name of Authorized Official:		
b. Title of Authorized Official:		
c. Signature of Authorized Official:		

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B. 75%-100% poverty	C. 101%-125% poverty	D. 126%-150% poverty	E. Over 150% poverty
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A. 60 years or older (elderly)	B. Disabled	C. Age 5 years or under (young child)	D. Elderly, disabled, or young child

	A. Age 2 years or under	B. Age 3 years through 5 years
	under	5 years