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| **OMB Clearance No.: 0970-0060 Expiration Date: 03/31/2026**  **LOW INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP HOUSEHOLD REPORT-SHORT FORM** | | | | | |
| **Recipient Name:** | | | **FFY: 2024 (10/01/2023 - 09/30/2024)** | | |
| **Contact Person:** |  |  | **Phone:** |  |  |
| **Email Address:** |  |  | | | |
| The **LIHEAP Household Report-Short Form** is for use by all direct-grant tribes/tribal organizations. | | | | | |

Required Data

I. Ty pe of assistance A. Number of assisted

households

1. **Heating**

|  |  |
| --- | --- |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |

1. **Heating (Coronavirus Aid, Relief, and Economic Security Funding)**
2. **Heating (American Rescue Plan Act funding)**
3. **Heating (Reserved for other supplemental funding)**
4. **Cooling**
5. **Cooling (Coronavirus Aid, Relief, and Economic Security Funding)**
6. **Cooling (American Rescue Plan Act funding)**
7. **Cooling (Reserved for other supplemental funding)**
8. **Winter / year-round crisis**
9. **Winter / year-round crisis (Coronavirus Aid, Relief, and Economic Security Funding)**
10. **Winter / year-round crisis (American Rescue Plan Act funding)**
11. **Winter / year-round crisis (Reserved for other supplemental funding)**
12. **Summer crisis**
13. **Summer crisis (Coronavirus Aid, Relief, and Economic Security Funding)**
14. **Summer crisis (American Rescue Plan Act funding)**
15. **Summer crisis (Reserved for other supplemental funding)**
16. **Weatherization**
17. **Weatherization (Coronavirus Aid, Relief, and Economic Security Funding)**
18. **Weatherization (American Rescue Plan Act funding)**
19. **Weatherization (Reserved for other supplemental funding)**

|  |  |  |
| --- | --- | --- |
| 1. **Other crisis assistance** 2. **Other crisis assistance (Coronavirus Aid, Relief, and Economic Security Funding)** 3. **Other crisis assistance (American Rescue Plan Act funding)** 4. **Other crisis assistance (Reserved for other supplemental funding)** | **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **II. Number of Assisted Households Owner/Renter Status** | | |
| **A. Owner/Renter Status**   1. **Own** 2. **Rent with utilities billed separately** 3. **Rent with utilities in rental fee** 4. **Other** 5. **Unknown/not Reported** 6. **TOTAL** | **Total Number of Households** | |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **III. Number of Assisted Household Applicants by Race and Ethnicity** | | |

* 1. **Ethnicity Total Number of**

Households

* + 1. **Hispanic, Latino, or Spanish Origins**

|  |  |
| --- | --- |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |

* + 1. **Not Hispanic, Latino, or Spanish Origins**
    2. **Unknown/not reported**
    3. **TOTAL**

|  |  |
| --- | --- |
| **Total Number of Households** | |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |

* 1. **Race**
     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**

|  |  |  |
| --- | --- | --- |
| **IV. Number of Assisted Household Applicants by Sex** | **Total Number of Households** | |
| 1. **Male** 2. **Female** 3. **Unknown/not reported** 4. **TOTAL** | **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |

|  |  |  |
| --- | --- | --- |
| **V. Assisted Household Members by Race and Ethnicity** | | |
| **A. Ethnicity**   1. **Hispanic, Latino, or Spanish Origins** 2. **Not Hispanic, Latino, or Spanish Origins** 3. **Unknown/not reported** 4. **TOTAL**   **B. Race**   1. **American Indian or Alaska Native** 2. **Asian** | **Number of Household Members** | |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **Number of Household Members** | |
| **0** |  |
| **0** |  |

|  |  |  |
| --- | --- | --- |
| 1. **Black or African American** 2. **Native Hawaiian or Other Pacific Islander** 3. **White** 4. **Multi-race (two or more of the above)** 5. **Other** 6. **Unknown/not reported** 7. **TOTAL** | **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **VI. Assisted Household Members by Sex** | **Number of Household Members** | |
| 1. **Male** 2. **Female** 3. **Unknown/not reported** 4. **TOTAL** | **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **0** |  |
| **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. (U.S. Code, Title 18, Section 1001)** | |
| **a. Name of Authorized Official:** | **d. Telephone:** |
| **b. Title of Authorized Official:** | **e. Email address:** |
| **c. Signature of Authorized Official:** | **f. Date Submitted:** |

**Save**

**View/Add Attachments**

|  |  |  |
| --- | --- | --- |
| **Validate** |  | **Print** |