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

1. Heating

- 2. Heating (Coronavirus Aid, Relief, and Economic Security Funding)
 - 3. Heating (American Rescue Plan Act funding)
 - 4. Heating (Reserved for other supplemental funding)
 - 5. Cooling
 - 6. Cooling (Coronavirus Aid, Relief, and Economic Security 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 (Coronavirus Aid, Relief, and Economic Security 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 (Coronavirus Aid, Relief, and Economic Security Funding)
 - 15. Summer crisis (American Rescue Plan Act funding)
 - 16. Summer crisis (Reserved for other supplemental funding)
 - 17. Weatherization
 - 18. Weatherization (Coronavirus Aid, Relief, and Economic Security Funding)
 - 19. Weatherization (American Rescue Plan Act funding)
 - 20. Weatherization (Reserved for other supplemental funding)

A. Number of assisted households

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21. Other crisis assistance	0
22. Other crisis assistance (Coronavirus Aid, Relief, and Economic Security	Funding) 0
23. Other crisis assistance (American Rescue Plan Act funding)	0
24. Other crisis assistance (Reserved for other supplemental funding)	
II. Number of Assisted Households Owner/Renter Status	Total Number
A. Owner/Renter Status	Total Number of
1. Own	Households
2. Rent with utilities billed separately	0
3. Rent with utilities in rental fee	0
4. Other	0
5. Unknown/not Reported	0
6. TOTAL	0
III. Number of Assisted Household Applicants by Race and Ethnicity	
	Total Number of
A. Ethnicity.	Households
1. Hispanic, Latino, or Spanish Origins	0
2. Not Hispanic, Latino, or Spanish Origins	0
3. Unknown/not reported	0
4. TOTAL	
B. Race	Total Number
	of Households
1. American Indian or Alaska Native	0
2. Asian	0
3. Black or African American	0
4. Native Hawaiian or Other Pacific Islander	0
5. White	0
6. Multi-race (two or more of the above)	0
7. Other	0
8. Unknown/not reported	0
9. TOTAL	
	Total Number
IV. Number of Assisted Household Applicants by Sex	of Households
1. Male	0
2. Female	0
3. Unknown/not reported	0
4. TOTAL	0
V. Assisted Household Members by Race and Ethnicity	
	Number of Household
A. Ethnicity	Members
1. Hispanic, Latino, or Spanish Origins	0
2. Not Hispanic, Latino, or Spanish Origins	0
3. Unknown/not reported	0
4. TOTAL	Number of Household
B. Race	Members 0
	0
1. American Indian or Alaska Native	
2. Asian	

3. Black or African American		0				
4. Native Hawaiian or Other Pacific Islander	0					
5. White		0				
6. Multi-race (two or more of the above)		0				
7. Other		0				
8. Unknown/not reported		0				
9. TOTAL						
VI. Assisted Household Members by Sex		Number of Household				
		Members				
1. Male		0				
2. Female		0				
3. Unknown/not reported		0				
4. TOTAL		0				
Remarks: Please enter any explanation needed of the above-repo						
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:					

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