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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. **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. **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** |