

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. Type of assistance

A. Number of assisted households

1. Heating	0
2. Heating (Coronavirus Aid, Relief, and Economic Security Funding)	0
3. Heating (American Rescue Plan Act funding)	0
4. Heating (Reserved for other supplemental funding)	0
5. Cooling	0
6. Cooling (Coronavirus Aid, Relief, and Economic Security Funding)	0
7. Cooling (American Rescue Plan Act funding)	0
8. Cooling (Reserved for other supplemental funding)	0
9. Winter / year-round crisis	0
10. Winter / year-round crisis (Coronavirus Aid, Relief, and Economic Security Funding)	0
11. Winter / year-round crisis (American Rescue Plan Act funding)	0
12. Winter / year-round crisis (Reserved for other supplemental funding)	0
13. Summer crisis	0
14. Summer crisis (Coronavirus Aid, Relief, and Economic Security Funding)	0
15. Summer crisis (American Rescue Plan Act funding)	0
16. Summer crisis (Reserved for other supplemental funding)	0
17. Weatherization	0
18. Weatherization (Coronavirus Aid, Relief, and Economic Security Funding)	0
19. Weatherization (American Rescue Plan Act funding)	0
20. Weatherization (Reserved for other supplemental funding)	0

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)	0

## II. Number of Assisted Households Owner/Renter Status

### A. Owner/Renter Status

	Total Number of Households
1. Own	0
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

### A. Ethnicity

	Total Number of Households
1. Hispanic, Latino, or Spanish Origins	0
2. Not Hispanic, Latino, or Spanish Origins	0
3. Unknown/not reported	0
4. TOTAL	0

### 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	0

## IV. Number of Assisted Household Applicants by Sex

	Total Number of Households
1. Male	0
2. Female	0
3. Not reported	0
4. TOTAL	0

## V. Assisted Household Members by Race and Ethnicity

### A. Ethnicity

	Number of Household Members
1. Hispanic, Latino, or Spanish Origins	0
2. Not Hispanic, Latino, or Spanish Origins	0
3. Unknown/not reported	0
4. TOTAL	0

### B. Race

	Number of Household Members
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		

<u>VI. Assisted Household Members by Sex</u>	Number of Household Members	
1. Male	0	
2. Female	0	
3. Not reported	0	
4. TOTAL	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: