Division of Energy Assistance
Office of Community Services
Administration for Children and Families
The U.S. Department of Health and Human Services

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP HOUSEHOLD REPORT-LONG FORM

OMB Clearance No.: 0970-0060 Expiration Date: 03/31/2026

Grantee Information		
	FFY 2024(10)/01/2023 -
	09/30/2024) Phone:	
Email Address:		
Instructions		
The 50 States, District of Columbia, the Commonwealth of Puerto Rico are required to use the Long Form to provide LIHEAP recipient count information for the designated Federal Fiscal \ following nine sections in which grant recipients should include LIHEAP-assisted household counts.	ear. The Ro	port consists of the
I. 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. Number of Assisted Households Owner/Renter Status VI: Number of Assisted Household Applicants by Race and Ethnicity VII. Number of Assisted Household Applicants by Sex VIII: Measure: Number of Assisted Household Members by Race and Ethnicity IX: Measure: Number of Assisted Household Members by Sex The required data for LIHEAP assisted households for each State are included in the Departm Congress. The required data are also used in measuring LIHEAP targeting performance under and Results Act (GPRA) of 1993, as amended by the GPRA Modernization Act of 2010. As the the information in this report is not considered to be confidential. Do the data below include estimated figures? If YES, select the appropriate box in column A of Section I for each type of assistance that has at least of	er the Gover reported d	rnment Performance ata are aggregated, ct One
If YES, select the appropriate box in column A of Section I for each type of assistance that has at least of estimated data entry.	ne O	Yes O No
I. Number of assisted households		
Number of assisted households		
Ty pe of LIHEAP assistance	A. Select if estimated data	B. Total Number of Households
1. Heating	\sqcup	
2. Heating (CARES Act funding only)		
3. Heating (American Rescue Plan Act funding)	\sqcup	
4. Heating (Reserved for other supplemental funding)		
5. Cooling		
6. Cooling (CARES Act funding only)		
7. Cooling (American Rescue Plan Act funding)		
8. Cooling (Reserved for other supplemental funding)		
9. Crisis	1.1	
a. Year Round		
b. Year Round (CARES Act funding only)		
c. Year Round (American Rescue Plan Act funding)	1 1	
d. Year Round (Reserved for other supplemental funding)		
e. Winter		
e. Winter f. Winter (CARES Act funding only)		
e. Winter f. Winter (CARES Act funding only) g. Winter (American Rescue Plan Act funding)		
e. Winter f. Winter (CARES Act funding only)		

j. Summer (CARES Act f	unding only)				\sqcup		
k. Summer (American Ro	escue Plan Act fun	nding)					
I. Summer (Reserved for	other supplement	tal funding)					
m. Emergency Furnace I	• • •	σ,			\sqcup		Π
n. Emergency Furnace Repair and Replacement (CARES Act funding only)					\cup		
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o. Emergency Furnace Repair and Replacement (American Rescue Plan Act funding) p. Emergency Furnace Repair and Replacement (Reserved for other supplemental							=
funding)	topan and replace	omone (recoursed re	other supplementa	•			_
q. Other Crisis Assistanc	ce				\sqcup		
r. Other Crisis Assistanc	e (CARES Act fun	ding only)			\sqcup		
s. Other Crisis Assistan	•		iu)		\sqcup		
t. Other Crisis Assistance			_				
10. Weatherization	c (Neserveu for o	ther supplemental	iunumg)				_
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11. Weatherization (CARES							_
12. Weatherization (Americ							_
13. Weatherization (Reserv	• • • • • • • • • • • • • • • • • • • •	emental funding)					_
14. Any ty pe of LIHEAP as		_					_
15. Any type of LIHEAP as							_
16. Any type of LIHEAP as	•		•,				
17. Any type of LIHEAP as	sistance (Reserve	d for other supplen	nental funding)				
18. Bill Payment Assistance	<u>e</u>						
19. Bill Payment Assistanc	e (CARES Act fun	ding only)			\sqcup		
20. Bill Payment Assistance	e (American Resc	ue Plan Act fundin	g)		\sqcup		
21. Bill Payment Assistance	e (Reserved for ot	ther supplemental f	funding)				
22. Nominal Payments					\sqcup		
23. Nominal Payments (CA	RES Act funding o	only)			\sqcup		
24. Nominal Payments (Am	nerican Rescue Pla	an Act funding)					
24. Nominal Payments (Am	nerican Rescue Pla	an Act funding)					
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	served for other s	upplemental fundin	U,				
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e. Winter					
f. Winter (CARES Act					
funding only)					
g. Winter (American Rescue Plan Act funding)					
h. Winter (Reserved for					
other supplemental					
funding)					
i. Summer j. Summer (CARES Act					
funding only)					
k. Summer (American Rescue Plan Act funding)					
I. Summer (Reserved for					
other supplemental funding)					
m. Emergency Furnace					
Repair & Replacement n. Emergency Furnace					
Repair and Replacement					
(CARES Act funding only)					
o. Emergency Furnace Repair and Replacement					
(American Rescue Plan Act funding)					
p. Emergency Furnace					
Repair and Replacement (Reserved for other					
supplemental funding)					
q. Other Crisis Assistance					
Assistance					
r. Other Crisis					
Assistance (CARES Act funding only)					
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 only)					
12. Weatherization					
(American Rescue Plan Act funding)					
13. Weatherization					
(Reserved for other supplemental funding)					
	III. Number of Assisted Households by Vulnerable Populations				
At least one household member who is a member of one the following target groups					
		nember of one the fo	ollowing target grou		
Type of LIHEAP assistance	member who is a m	nember of one the fo A. 60 years or older (elderly)	ollowing target grou B. Disabled	ps C. Age 5 years or under (young child)	D. Elderly, disabled, or young child
Type of LIHEAP assistance 1. Heating	member who is a m	A. 60 years or		C. Age 5 years or under (young	disabled, or young
	member who is a m	A. 60 years or		C. Age 5 years or under (young	disabled, or young
1. Heating 2. Heating (CARES Act fund 3. Heating (American Rescu	member who is a m	A. 60 years or		C. Age 5 years or under (young	disabled, or young
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6. Cooling (CARES Act funding only)		
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 only)		
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 only)		
k. Summer (American Rescue Plan Act funding)		
I. Summer (Reserved for other supplemental funding)		
m. Emergency Furnace Repair and Replacement		
n. Emergency Furnace Repair and Replacement (CARES Act funding only)		
o. Emergency Furnace Repair and Replacement (American Rescue Plan Act		

funding)			
p. Emergency Furnace Repair and 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 only)			
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 only) 16. Any type of LIHEAP assistance			
(American Rescue Plan Act funding)			
17. Any type of LIHEAP assistance (Reserved			
for other supplemental funding)	Child Are Catemany (Ontional)		
IV. Number of Assisted Households by Young At least one member who is	Child Age Category (Optional)		
		A. Age 2 years or	B. Age 3 years
Ty pe of LIHEAP assistance		under	through 5
1. Heating			y <u>ears</u>
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2. Heating (CARES Act funding only) 3. Heating (American Resource Plan Act funding)			
3. Heating (American Rescue Plan Act funding)			
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	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 only)		
	12. Weatherization (American Rescue Plan Act funding)		
	13. Weatherization (Reserved for other supplemental funding)		
	V. Number of Assisted Households Owner/Renter Status	'	
	A. Owner/Renter Status		Total Number of Households
1. Own			Housellolus
	vith utilities billed separately		
2	3. Rent with utilities in rental fee		
	4. Other		
	5. Unknown/not reported		0
	6. TOTAL	'	
	VI. Number of Assisted Household Applicants by Race and Ethnicity A. — In the state of the stat		Total Number of
	A. Ethnicity		Households
1. Hispa	nic, Latino, or Spanish Origins		
2. Not Hi	ispanic, Latino, or Spanish Origins		
	3. Unknown/not reported		0
	4. TOTAL	ı	
	B. Race		Total Number of
			Households
	can 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		0
	8. Unknown/not reported		
	9. TOTAL		
	VII. Number of Assisted Household Applicants by Sex		Total Number
	1. Male		of Households
	2. Female		
	3. Not reported		
	4. TOTAL		
			0
VIII. Nur	nber of Assisted Household Members by Race and Ethnicity		
			Total Number
	A. Ethnicity		of Household
	1. Hispanic, Latino, or Spanish Origins		Members
	2. Not Hispanic, Latino, or Spanish Origins		
	3. Unknown/not reported		

4. TOTAL		d
B. Race		Total 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		0
8. Unknown/not reported		
9. TOTAL		
IX. Assisted Household Members by Sex		Total Number of Household Members
1. Male		
2. Female		
3. Not reported		
4. TOTAL		0
Remarks		
Enter any explanation needed regarding the re	eliability and/or validity of the above-reported data:	:
		<i>7</i> .
	Certification	
	at it is true, complete, and accurate to the best of rent information may subject me to criminal, civil, or	
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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