

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

**Grantee Information**

Grantee Name:	FFY 2024(10/01/2023 - 09/30/2024)
Contact Person:	Phone:
Email Address:	

**Instructions**

The 50 States, District of Columbia, the Commonwealth of Puerto Rico are required to use the LIHEAP Household Report-Long Form to provide LIHEAP recipient count information for the designated Federal Fiscal Year. The Report consists of the following nine sections in which grant recipients should include LIHEAP-assisted household and/or household member counts.

- I. Number of Assisted Households
- II. 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 Department's LIHEAP annual Report to Congress. The required data are also used in measuring LIHEAP targeting performance under the Government Performance and Results Act (GPRA) of 1993, as amended by the GPRA Modernization Act of 2010. As the reported data are aggregated, 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 one estimated data entry.

Select One

☐ Yes ☐ No

**I. Number of assisted households**

Number of assisted households

<u>Type of LIHEAP assistance</u>	<u>A. Select if estimated data</u>	<u>B. Total Number of Households</u>
<b><u>1. Heating</u></b>	<input type="checkbox"/>	
2. Heating (CARES Act funding only)	<input type="checkbox"/>	
3. Heating (American Rescue Plan Act funding)	<input type="checkbox"/>	
4. Heating (Reserved for other supplemental funding)	<input type="checkbox"/>	
5. Cooling	<input type="checkbox"/>	
6. Cooling (CARES Act funding only)	<input type="checkbox"/>	
7. Cooling (American Rescue Plan Act funding)	<input type="checkbox"/>	
8. Cooling (Reserved for other supplemental funding)	<input type="checkbox"/>	
<b><u>9. Crisis</u></b>		
a. Year Round	<input type="checkbox"/>	
b. Year Round (CARES Act funding only)	<input type="checkbox"/>	
c. Year Round (American Rescue Plan Act funding)	<input type="checkbox"/>	
d. Year Round (Reserved for other supplemental funding)	<input type="checkbox"/>	
e. Winter	<input type="checkbox"/>	
f. Winter (CARES Act funding only)	<input type="checkbox"/>	
g. Winter (American Rescue Plan Act funding)	<input type="checkbox"/>	
h. Winter (Reserved for other supplemental funding)	<input type="checkbox"/>	
i. Summer	<input type="checkbox"/>	

j. Summer (CARES Act funding only)	<input type="checkbox"/>	
k. Summer (American Rescue Plan Act funding)	<input type="checkbox"/>	
l. Summer (Reserved for other supplemental funding)	<input type="checkbox"/>	
m. Emergency Furnace Repair and Replacement	<input type="checkbox"/>	
n. Emergency Furnace Repair and Replacement (CARES Act funding only)	<input type="checkbox"/>	
o. Emergency Furnace Repair and Replacement (American Rescue Plan Act funding)	<input type="checkbox"/>	
p. Emergency Furnace Repair and Replacement (Reserved for other supplemental funding)	<input type="checkbox"/>	
q. Other Crisis Assistance	<input type="checkbox"/>	
r. Other Crisis Assistance (CARES Act funding only)	<input type="checkbox"/>	
s. Other Crisis Assistance (American Rescue Plan Act funding)	<input type="checkbox"/>	
t. Other Crisis Assistance ( Reserved for other supplemental funding)	<input type="checkbox"/>	
<b>10. Weatherization</b>	<input type="checkbox"/>	
11. Weatherization (CARES Act funding only)	<input type="checkbox"/>	
12. Weatherization (American Rescue Plan Act funding)	<input type="checkbox"/>	
13. Weatherization (Reserved for other supplemental funding)	<input type="checkbox"/>	
<b>14. Any ty pe of LIHEAP assistance</b>	<input type="checkbox"/>	
15. Any type of LIHEAP assistance (CARES Act funding only)	<input type="checkbox"/>	
16. Any type of LIHEAP assistance (American Rescue Plan Act funding)	<input type="checkbox"/>	
17. Any type of LIHEAP assistance (Reserved for other supplemental funding)	<input type="checkbox"/>	
<b>18. Bill Payment Assistance</b>	<input type="checkbox"/>	
19. Bill Payment Assistance (CARES Act funding only)	<input type="checkbox"/>	
20. Bill Payment Assistance (American Rescue Plan Act funding)	<input type="checkbox"/>	
21. Bill Payment Assistance (Reserved for other supplemental funding)	<input type="checkbox"/>	
<b>22. Nominal Payments</b>	<input type="checkbox"/>	
23. Nominal Payments (CARES Act funding only)	<input type="checkbox"/>	
24. Nominal Payments (American Rescue Plan Act funding)	<input type="checkbox"/>	

25. Nominal Payments (Reserved for other supplemental funding)	<input type="checkbox"/>	
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## II. Assisted Households by Poverty Intervals for Each Ty pe of LIHEAP Assistance

Applicable HHS Poverty Guidelines, in effect at the beginning of FFY					
<u>Ty pe of LIHEAP assistance</u>	A. Under 75% poverty	B. 75%-100% poverty	C. 101%-125% poverty	D. 126%-150% poverty	E. Over 150% poverty
<b>1. Heating</b>					
2. Heating (CARES Act funding only)					
3. Heating (American Rescue Plan Act funding)					
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)					
<b>9. Crisis</b>					
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 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)					
l. 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					

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)					

<b>10. Weatherization</b>					
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

Type of LIHEAP assistance	A. 60 years or older (elderly)	B. Disabled	C. Age 5 years or under (young child)	D. Elderly, disabled, or young child
1. Heating				
2. Heating (CARES Act funding only)				
3. Heating (American Rescue Plan Act funding)				
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				
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)				
l. 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)				

#### IV. Number of Assisted Households by Young Child Age Category (Optional)

At least one member who is		
<u>Type of LIHEAP assistance</u>	<u>A. Age 2 years or under</u>	<u>B. Age 3 years through 5 years</u>
<u>1. Heating</u>		
2. Heating (CARES Act funding only)		
3. Heating (American Rescue Plan Act funding)		
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)		
<u>9.Crisis</u>		
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 only)		
g. Winter (American Rescue Plan Act funding)		
h. Winter (Reserved for other supplemental funding)		
i. Summer		
j. Summer (CARES Act funding)		
k. Summer (American Rescue Plan Act funding)		
l. Summer (Reserved for other supplemental funding)		
m. Emergency Furnace Repair & Replacement		
n. Emergency Furnace Repair & Replacement (CARES Act funding only)		
o. Emergency Furnace Repair & Replacement (American Rescue Plan Act funding)		
p. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)		
q. Other Crisis 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)		
<b>10. Weatherization</b>		
11. Weatherization (CARES Act funding only)		
12. Weatherization (American Rescue Plan Act funding)		
13. Weatherization (Reserved for other supplemental funding)		
<b>V. Number of Assisted Households Owner/Renter Status</b>		

**A. Owner/Renter Status**

**Total Number of Households**

1. Own
2. Rent with utilities billed separately
  3. Rent with utilities in rental fee
  4. Other
  5. Unknown/not reported
6. TOTAL

0

**VI. Number of Assisted Household Applicants by Race and Ethnicity**

**A. Ethnicity**

**Total Number of Households**

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

0

**B. Race**

**Total Number of Households**

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

0

**VII. Number of Assisted Household Applicants by Sex**

**Total Number of Households**

1. Male
2. Female
3. Not reported
4. TOTAL

0

**VIII. Number of Assisted Household Members by Race and Ethnicity**

**A. Ethnicity**

**Total Number of Household Members**

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


4. TOTAL

0

**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

8. Unknown/not reported

0

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 reliability and/or validity 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:

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