

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

Grant Recipient Information

Grantee Name:		FFY 2026 (10/01/2025 - 09/30/2026)
Contact Person:	<input type="text"/>	Phone:
Email Address:	<input type="text"/>	<input type="text"/>

Instructions

The 50 States, District of Columbia, and 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

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>Ty pe of LIHEAP assistance</u>	<u>A. Select if estimated data</u>	<u>B. Total Number of Households</u>
1. Heating	<input type="checkbox"/>	<input type="text"/>
2. Heating (Reserved for other supplemental funding)	<input type="checkbox"/>	<input type="text"/>
3. Cooling	<input type="checkbox"/>	<input type="text"/>
4. Cooling (Reserved for other supplemental funding)	<input type="checkbox"/>	<input type="text"/>
5. Crisis		
a. Year Round	<input type="checkbox"/>	<input type="text"/>
b. Year Round (Reserved for other supplemental funding)	<input type="checkbox"/>	<input type="text"/>
c. Winter	<input type="checkbox"/>	<input type="text"/>
d. Winter (Reserved for other supplemental funding)	<input type="checkbox"/>	<input type="text"/>
e. Summer	<input type="checkbox"/>	<input type="text"/>
f. Summer (Reserved for other supplemental funding)	<input type="checkbox"/>	<input type="text"/>
g. Emergency Furnace Repair and Replacement	<input type="checkbox"/>	<input type="text"/>
h. Emergency Furnace Repair and Replacement (Reserved for other supplemental funding)	<input type="checkbox"/>	<input type="text"/>
i. Other Crisis Assistance	<input type="checkbox"/>	<input type="text"/>
j. Other Crisis Assistance (Reserved for other supplemental funding)	<input type="checkbox"/>	<input type="text"/>
6. Weatherization	<input type="checkbox"/>	<input type="text"/>
7. Weatherization (Reserved for other supplemental funding)	<input type="checkbox"/>	<input type="text"/>

8. Any ty pe of LIHEAP assistance	<input type="checkbox"/>	
9. Any type of LIHEAP assistance (Reserved for other supplemental funding)	<input type="checkbox"/>	
10. Bill Payment Assistance	<input type="checkbox"/>	
11. Bill Payment Assistance (Reserved for other supplemental funding)	<input type="checkbox"/>	
12. Nominal Payments	<input type="checkbox"/>	
13. Nominal Payments (Reserved for other supplemental funding)	<input type="checkbox"/>	

II. Assisted Households by Poverty Intervals for Each Ty pe of LIHEAP Assistance

Applicable HHS Poverty Guidelines, in effect at the beginning of FFY

Ty pe of LIHEAP assistance	A. Under 75% poverty	B. 75%-100% poverty	C. 101%-125% poverty	D. 126%-150% poverty	E. Over 150% poverty
1. Heating					
2. Heating (Reserved for other supplemental funding)					
3. Cooling					
4. Cooling (Reserved for other supplemental funding)					
5. Crisis					
a. Year Round					
b. Year Round (Reserved for other supplemental funding)					
c. Winter					
d. Winter (Reserved for other supplemental funding)					
e. Summer					
f. Summer (Reserved for other supplemental funding)					
g. Emergency Furnace Repair & Replacement					
h. Emergency Furnace Repair and Replacement (Reserved for other supplemental funding)					
i. Other Crisis Assistance					
j. Other Crisis Assistance (Reserved for other supplemental funding)					
6. Weatherization					
7. 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 (Reserved for other supplemental funding)				
3. Cooling				
4. Cooling (Reserved for other supplemental funding)				
5. Crisis				
a. Year Round				
b. Year Round (Reserved for other supplemental funding)				

c. Winter				
d. Winter (Reserved for other supplemental funding)				
e. Summer				
f. Summer (Reserved for other supplemental funding)				
g. Emergency Furnace Repair and Replacement				

h. Emergency Furnace Repair and Replacement (Reserved for other supplemental funding)				
i. Other Crisis Assistance				
j. Other Crisis Assistance (Reserved for other supplemental funding)				
6. Weatherization				
7. Weatherization (Reserved for other supplemental funding)				
8. Any type of LIHEAP assistance				
9. 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 a member of one the following target groups

Type of LIHEAP assistance	A. Age 2 years or under	B. Age 3 years through 5 years
1. Heating		
2. Heating Cooling (Reserved for other supplemental funding) (Reserved for other		
3. Cooling		
4. Cooling (Reserved for other supplemental funding)		
2. Crisis		
a. Year Round		
b. Year Round (Reserved for other supplemental funding)		
c. Winter		
d. Winter (Reserved for other supplemental funding)		
e. Summer		
f. Summer (Reserved for other supplemental funding)		
g. Emergency Furnace Repair & Replacement		
h. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)		
i. Other Crisis Assistance		
j. Other Crisis Assistance (Reserved for other supplemental funding)		
3. Weatherization		
a. Weatherization (Reserved for other supplemental funding)		

V. 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

Remarks

Enter any explanation needed regarding the reliability and/or validity of the above-reported data:

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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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