

Household Report - Long Form

OMB Clearance No.: 0970-0060
Expiration Date: 10/31/2018

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

Grantee Information

Grantee Name:	FFY2015
Contact Person:	Phone:
Email Address:	

Instructions

The 50 States, District of Columbia, and the Commonwealth of Puerto Rico are required to use the LIHEAP Household Report-Long Form in providing household counts for the designated Federal Fiscal Year. The Report consists of the following six sections that are to include unduplicated household counts for both LIHEAP assisted and LIHEAP applicant households.

- I. Number of Assisted Households
- II. Number of Assisted Households by Poverty Interval
- III. Number of Assisted Households by Vulnerable Population
- IV. Number of Applicant Households
- V. Number of Applicant Households by Poverty Interval
- VI. Number of Assisted Households by Young Child Age Category

Except for Section VI, the household counts for LIHEAP assisted and applicant households are required under the LIHEAP statute. Section VI is optional. If LIHEAP funds are used for any other type of service not listed in the sections below, describe the service and the total number of households assisted with that service in the Notes Section.

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.

Click [HERE](#) to read the expanded Household Report - Long Form Instructions.

Do the data below include estimated figures?

If YES, select the appropriate box in column A of Section I and Section IV 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		
Type of LIHEAP assistance	A. Select if estimated data	B. Total Number of Households
1. Heating	<input type="checkbox"/>	
2. Cooling	<input type="checkbox"/>	
3. Crisis		
a. Year Round	<input type="checkbox"/>	
b. Winter	<input type="checkbox"/>	
c. Summer	<input type="checkbox"/>	
d. Emergency Furnace Repair & Replacement	<input type="checkbox"/>	
e.	<input type="checkbox"/>	
f.	<input type="checkbox"/>	
4. Weatherization	<input type="checkbox"/>	
5. Any type of LIHEAP assistance	<input type="checkbox"/>	
6. Bill Payment Assistance	<input type="checkbox"/>	
7. Nominal Payments	<input type="checkbox"/>	

II. Number of Assisted Households by Poverty Interval

Applicable HHS Poverty Guidelines, in effect at the beginning of FFY					
Type 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. Cooling					
3. Crisis					
a. Year Round					
b. Winter					
c. Summer					
d. Emergency Furnace Repair & Replacement					
e.					
f.					
4. Weatherization					

III. Number of Assisted Households by Vulnerable Population

Number of assisted households with at least one member of 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. Cooling				
3. Crisis				
a. Year Round				
b. Winter				
c. Summer				
d. Emergency Furnace Repair & Replacement				
e.				
f.				
4. Weatherization				
5. Any type of LIHEAP assistance				

IV. Number of Applicant Households

Number of applicant households		
Type of LIHEAP assistance	A. Select if estimated data	B. Total Number of Households
1. Heating	<input type="checkbox"/>	
2. Cooling	<input type="checkbox"/>	
3. Crisis		
a. Year Round	<input type="checkbox"/>	
b. Winter	<input type="checkbox"/>	
c. Summer	<input type="checkbox"/>	
d. Emergency Furnace Repair & Replacement	<input type="checkbox"/>	
e.	<input type="checkbox"/>	
f.	<input type="checkbox"/>	
4. Weatherization	<input type="checkbox"/>	

V. Number of Applicant Households by Poverty Interval

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

Type of LIHEAP assistance	A. Under 75% poverty	B. 75%-100% poverty	C. 101%-125% poverty	D. 126%-150% poverty	E. Over 150% poverty	F. Income data unavailable
1. Heating						
2. Cooling						
3. Crisis						
a. Year Round						
b. Winter						
c. Summer						
d. Emergency Furnace Repair & Replacement						
e.						
f.						
4. Weatherization						

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

At least one member who is		
Type of LIHEAP assistance	A. Age 2 years or under	B. Age 3 years through 5 years
1. Heating		
2. Cooling		
3. Crisis		
a. Year Round		
b. Winter		
c. Summer		
d. Emergency Furnace Repair & Replacement		
e.		
f.		
4. Weatherization		
	Notes	

Certification

<p>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)</p>	
a. Name of Authorized Official:	d. Telephone:
b. Title of Authorized Official:	e. Email address:
c. Signature of Authorized Official:	f. Date Submitted: