



Beginning October 1, the St. Clair County Community Action Agency will be accepting applications for energy assistance through the Low-Income Home Energy Assistance Program (LIHEAP). Eligible households may submit applications during these priority periods:

**October:** Households with at least one member age 60 or older, households with at least one person receiving long-term disability benefits, households with at least one child 5 years of age and under, households that are disconnected or have a disconnection date from the utility company.

**November:** all eligible households may apply.

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**PROGRAM DATES: OCTOBER 1, 2025 – AUGUST 15, 2026\***  
(\*BASED ON FUNDING AVAILABILITY)

**PLEASE NOTE: IF YOU DON'T MEET THE CRITERIA FOR THE OCTOBER PRIORITY PERIOD, PLEASE WAIT UNTIL NOVEMBER 1<sup>ST</sup> TO SUBMIT AN APPLICATION. INELIGIBLE APPLICATIONS WILL NOT BE PROCESSED.**

**REQUIRED DOCUMENTATION:**

- ☐ Signed Universal Signature Page
- ☐ Applicant Disclosure Form
- ☐ Resource Referral Page
- ☐ Application
- ☐ Copy of photo ID for head of household/applicant
- ☐ Copies of social security cards for **ALL** household members
- ☐ Proof of income for the past 30 days for **ALL** household members
- ☐ Each household member 18 years and older with **NO** income **must** complete the enclosed Zero Income Affidavit form and submit **ONE** of the following documents:
  - Proof of SNAP benefits (if applicable)
  - Register/login with Illinois JobLink at [illinoisjoblink.com](http://illinoisjoblink.com). Print the Contact Information Page and Work Search Record Page
  - Current school schedule or proof of enrollment letter
  - Denial letter for Social Security benefits, Unemployment Compensation benefits, or Workers' Compensation benefits
  - Proof of application from the Department of Human Services program(s) such as cash (AABD/TANF/GA), Medical Assistance, and/or food stamps (SNAP).
- ☐ All pages of **CURRENT** bill for gas, electric, propane and/or fuel oil
- ☐ Proof of current residency (first and last page of lease, rent receipt/statement or occupancy permit)

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
PY26 (LIHEAP) 30-DAY INCOME GUIDELINES**

Family Size	60% SMI 30 Day Income
1	\$3,332
2	\$4,357
3	\$5,382
4	\$6,407
5	\$7,432
6	\$8,457
7	\$8,649
8	\$8,842
9	\$9,034
10	\$9,226

**SEE BACK PAGE  
FOR MORE INSTRUCTIONS**



**St. Clair County Community Action Agency  
Low Income Home Energy Assistance Program  
(LIHEAP)**

## IMPORTANT APPLICATION INSTRUCTIONS

***Incomplete applications WILL NOT be processed.***

- ***Please read all application instructions carefully. Submitting a complete application allows our agency to provide assistance in a timely manner.***
- ***Please submit COPIES of your documents. We will not be responsible for returning your original information.***
- ***Please allow 30-45 days for the processing of your application. Applications are processed in the order in which they are received. You will receive a status letter after your application has been processed. Please continue to make payments on your account(s) while we are working on processing your application.***
- ***Completion of an application does not guarantee that you will receive assistance.***
- ***Return the completed application and required documentation in ONE packet. Please refrain from sending multiple submissions of the same application.***

## **WAYS TO SUBMIT YOUR APPLICATION**

- **US mail:** St. Clair County IGD (Attn: LIHEAP) 19 Public Square, Ste. 200, Belleville, IL 62220
- **Fax:** (618) 825-3269; Please include **ATTN: LIHEAP** on your cover page
- **Dropoff at our dropbox:** 19 Public Square Belleville, IL 62220

**\*Dropbox is located in the circle drive off of 159/North Illinois Street\*  
You will not need to enter the parking lot to access the dropbox.**



**Please call (618)257-9246 from 9am – 4pm  
if you have any questions.**

## Universal Signature Page

**IMPORTANT NOTICE:** This state of Illinois grantee agency, St. Clair County Community Action Agency, is requesting disclosure of information that is necessary to accomplish a complete application for:

<input checked="checked" type="checkbox"/>	<b>Low Income Home Energy Assistance Program (LIHEAP)</b> Assistance with gas, electric, propane and fuel oil <b>(October 1, 2025 – August 15, 2026*)</b>
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*(\*based on funding availability)*

**APPLICANT STATEMENT:** I certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.

I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.

For LIHEAP and IHWAP I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis.

I have received information outlining my appeal rights. I understand that filling out this application does not guarantee that my household will receive assistance. I understand I will be provided a copy of this application for my future reference.

**Applicant Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE SIGN DISCLOSURE FORM ON BACK OF THIS PAGE**



St. Clair County Intergovernmental Grants Department  
Applicant Disclosure Form

I \_\_\_\_\_ attest to the best of my knowledge that:

**Please check one**

☐ I am not an employee, related to, or have any relationship including being an acquaintance of anyone employed by the St. Clair County Intergovernmental Grants Department.

☐ I am an employee of the St. Clair County Intergovernmental Grants Department.

Group employed in \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

☐ I am related to or have a relationship including being an acquaintance of an employee of the St. Clair County Intergovernmental Grants Department.

Name of employee \_\_\_\_\_

Relationship to employee \_\_\_\_\_

☐ I am related to or have a relationship including being an acquaintance of a board member of the St. Clair CAA Board and/or the St. Clair County Grants Committee.

Name of Board member \_\_\_\_\_

Relationship to Board member \_\_\_\_\_

**Applicant Signature**

**Date**

**Witness by IGD Staff**

**Date**

I certify that my responses to the above questions are complete and correct to the best of my knowledge. I understand the disclosure of this information may or may not disqualify me for services, nor give me an advantage to any benefit program within St. Clair County Intergovernmental Grants Department.

**Office Use Only**

I have reviewed the potential conflict of interest with the above named applicant and determined:

☐ There is no conflict.

☐ A potential conflict exists and procedures have been implemented to address it. (See Attachment).

\_\_\_\_\_  
Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
IGD Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Committee Member

\_\_\_\_\_  
Date



**St. Clair County Community Action Agency**  
**Low Income Home Energy Assistance Program (LIHEAP)**  
**Program Application for October 1, 2025 – August 15, 2026\***  
*(\*based on funding availability)*

***You MUST provide all required documents. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!***

Head of Household Name \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ # of People in Household: \_\_\_\_\_

Does anyone in the household receive:    SNAP    TANF/AABD    Medicaid    Medicare

Are there any veterans in your household?    If so, please list the name(s) \_\_\_\_\_

Housing type:    Own    Rent \$ \_\_\_\_\_    Subsidized Rent    How much do you pay? \$ \_\_\_\_\_

Dwelling type:    Single family home    Mobile home    2-4 units    5 or more units

Is your gas/electric service disconnected OR do you have a current date for disconnect?

Do you have central air?    Do you have window air conditioners? If so, how many? \_\_\_\_\_

***Applicant/Head of Household Information***

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Relationship: **SELF** \_\_\_\_\_

Gender: \_\_\_\_\_

Income Source: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

30-Day Income Amount: \$ \_\_\_\_\_

Race: \_\_\_\_\_ Disabled \_\_\_\_\_

***Household Members Information (list additional members on a separate sheet of paper)***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Income Source: \_\_\_\_\_ Disabled \_\_\_\_\_

Income Source: \_\_\_\_\_ Disabled \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Income Source: \_\_\_\_\_ Disabled \_\_\_\_\_

Income Source: \_\_\_\_\_ Disabled \_\_\_\_\_

***\*\* Complete the form on the next page for ALL household members 18 years and older with NO INCOME***

# Zero Income Affidavit (for adults with NO income)

**THIS FORM MUST BE COMPLETED IN FULL OR APPLICATION WILL BE DENIED**

	List household members (18 and older with ZERO income)	Last date of employment:	Date of Last Pay:
Head of Household Name:			

1. Have any of the above-listed household members received cash or check(s) as payment for work performed in the last 30 days? \*Example: hair styling, babysitting, lawn/snow maintenance, car repair, scrap metal, etc.

☐ Yes\* What did you do & how much did you earn in the past 30 days? \_\_\_\_\_ ☐ No Continue to question 2

\* If yes, the person is **not a Zero Income Adult**.

2. Have any of the above-listed household members received any cash gifts in the last 30 days? \*Example: A friend or relative gives you \$50 this month as a gift to help with your living expenses.

☐ Yes\* How much did you receive in the past 30 days? \_\_\_\_\_ ☐ No Continue to question 3

\*If yes, this is considered "unearned income"; therefore, the person is **not a Zero Income Adult**.

3. Have any of the above-listed household members received any loans in the last 30 days? \*Example: A friend or relative loans you money this month to help with your living expenses.

☐ Yes\* CONTINUE ☐ No Continue to question 4

\*If yes, this is not considered income, but is assumed as a debt to be paid back at a later time; therefore, the recipient **may be considered a Zero Income Adult**. Please indicate below the amount of the loan, and the name of the person assisting you, then continue to question 4.

Amount of Loan	Person Assisting	Amount of Loan	Person Assisting

4. Does any person or agency pay any of your expenses, such as rent, mortgage, utilities, directly to the landlord, mortgage or utility company? Answer a, b, or c below:

☐ a. Yes - COMPLETE TABLE BELOW ☐ b. No - COMPLETE TABLE BELOW- how are you meeting your needs with no income?

☐ c. All expenses were covered by household's recorded income. SKIP TO INITIALS AND SIGNATURES.

For a. or b., if any expenses were *not* covered by household's recorded income, complete the table below and indicate which expenses were **paid directly** and by whom. Include the 30-day expense totals, and explain below how the expenses have been met in the household (such as SNAP, Section 8, etc.). Indicate the name of the person assisting, and complete the **Verification of Paying Household Bills Affidavit, in addition to the Zero Income Affidavit**. If a cash gift is received, see #2 (above).

Type of Expense	Amount	How was the need met?	Name of person assisting directly
Food			
Housing			
Transportation			
Utilities			
Basic living needs*			

\*Example: clothing, diapers, cleaning supplies, personal hygiene products, etc.

Initials

☐ I certify the information provided above is true and a complete statement of facts.

☐ I understand: I may be required to provide proof of any information given. False information will invalidate this form and may require the return of any benefits received based on the false information.

☐ I understand all adult household members are subject to further verification of the income information provided. **This form must be completed in full or my application will be DENIED.**

Assistance was needed to fill out this form:

☐ Yes

☐ No

Applicant Signature

Date

Intake Worker Signature

Date

## Resource Referrals for Energy Assistance

Are you interested in budgeting or financial literacy tips to help you manage your household income? <a href="http://idfpr.com/Consumers/IFLI/IFLI.asp">http://idfpr.com/Consumers/IFLI/IFLI.asp</a>	Yes	No
Are you interested in energy conservation tips for your home or apartment so you can save money on your utility bills? <a href="https://www.energystar.gov/">https://www.energystar.gov/</a>	Yes	No
Are you interested in information about SSI (Supplemental Security Income)? <a href="http://ssa.gov">Supplemental Security Income (ssa.gov)</a>	Yes	No
If you are disconnected from your heat source, do you have alternate shelter or a safe temporary heat source (space heaters)?	Yes	No
If your residence has not been weatherized in the last 15 years, are you interested in information about the Weatherization Program?	Yes	No
Are you interested in information about the Illinois Department of Aging Community Care In-Home Service? <a href="https://www.illinois.gov/aging">https://www.illinois.gov/aging</a>	Yes	No
If a household member is a Veteran of the United States Armed Forces, would you like information on Veteran's Benefits? <a href="https://www.illinois.gov/veterans/benefits">https://www.illinois.gov/veterans/benefits</a>	Yes	No
Are you interested in information about Unemployment Insurance Benefits and job searches? <a href="https://www.ides.illinois.gov">https://www.ides.illinois.gov</a>	Yes	No
If everyone in your household does not have health insurance, are you interested in information about Medicaid? <a href="https://www.illinois.gov/hfs">https://www.illinois.gov/hfs</a>	Yes	No
Are you interested in local food pantries or nutrition programs such as: Women, Infants, and Children (WIC) or SNAP (Food Stamps), and/or Meals on Wheels or group meal sites for the elderly? <a href="http://www.wicprograms.org/state/illinois">http://www.wicprograms.org/state/illinois</a> and <a href="http://www.dhs.state.il.us">http://www.dhs.state.il.us</a>	Yes	No
Does anyone in your household receive SNAP (food Stamps)?	Yes	No
Are you interested in information about Lifeline (discounted communication services)? <a href="https://www.fcc.gov/lifeline-consumers">https://www.fcc.gov/lifeline-consumers</a>	Yes	No
Are you interested in help with childcare while you work, and/or in pre-school for your child or children? <a href="https://www.4childcare.org/">https://www.4childcare.org/</a>	Yes	No
Are you currently disconnected, or in danger of disconnection for your past-due water utility bill?	Yes	No
Are you currently disconnected, or in danger of disconnection for your past-due wastewater (sewer) utility bill?	Yes	No
<p>How were you referred to LIHEAP?</p> <ul style="list-style-type: none"> <li>○ Governor's Published Announcement</li> <li>○ Local News Media</li> <li>○ Flier(s)</li> <li>○ LIHEAP event (e.g. energy workshop)</li> <li>○ Former applicant</li> <li>○ Other</li> </ul> <p style="text-align: center;">To locate other programs in your area dial 211 or in the City Chicago - dial 311</p>		

# YOUR RIGHTS



## Under the **Low Income Home Energy Assistance Program** and the **Illinois Home Weatherization Assistance Program**

The Low Income Home Energy Assistance Program (LIHEAP) is designed to help income eligible households meet the rising cost of home energy.

Eligibility and the assistance level depend on:

- the household's income and number of members;
- whether or not the household pays for its home energy costs directly or the home energy costs are included in the rent; and
- the type of home energy fuel if the household pays directly.

The Illinois Home Weatherization Assistance Program (IHWAP) is designed to help income eligible households conserve fuel and save money by making their homes and apartments energy efficient.

Eligibility for the Weatherization Program depends on:

- the household's income and number of members; and
- whether or not the household can show proof of home ownership, or the landlord complies with the program requirements.

## Appeal Rights

***You have the right of appeal to either, or both programs if:***

- your application was not processed in a timely fashion (approximately 30 days after you submit all your information to the agency);
- you disagree with the outcome of your application; or
- you believe the payment or benefit received is incorrect.

## Appeal Process

***The first step in the appeal process is an informal conference at a local agency. You may request an informal conference by contacting:***

The informal conference will be held by a designated hearing officer at the Local Administering Agency. The purpose of the informal conference is to ensure that the applicant understands the outcome of the application and/or the reason for a delay. The applicant must request a conference within 30 days of receipt of a notice of a decision on the applicant's application or within 60 days if notification has not been received.

If you have completed the informal conference and still are not satisfied with the decision, you may request a state review. The Local Administering Agency will advise you on how to request a state review, the second step in the process.

The state office will review your case and advise both you and the local agency of the decision.

If you are still unsatisfied after the state review, you may request a formal hearing by a state appeals officer.

### ***During this hearing you have the right to:***

- be represented or bring to the conference a representative of your choice;
- present oral and written statements and other evidence;
- cross-examine witnesses; and/or
- bring an interpreter, if needed.

This testimony will be recorded and a written decision will be based on the record.

These are **Your Rights**. If you do not understand them, please contact your Local Administering Agency.

To report suspected Energy Assistance fraud or abuse: DCEO Office of Community Assistance, Attn: Fraud Unit, 1011 S 2nd Street Springfield, IL 62704



**Illinois**  
**Department of Commerce**  
& Economic Opportunity  
**OFFICE OF COMMUNITY ASSISTANCE**