



Beginning October 1, 2024 through August 15, 2025, or until funding is exhausted, 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 in pending disconnect status (have a disconnection date within seven (7) days);

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

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### **DOCUMENTS REQUIRED FOR ALL APPLICATIONS:**

- ☐ 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 who has **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 (lease, rent receipt, or occupancy permit)

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

Family Size	200% 30 Day Income
1	\$2,510
2	\$3,407
3	\$4,303
4	\$5,200
5	\$6,097
6	\$6,993
7	\$7,890

**SEE BACK PAGE  
FOR MORE INFORMATION**



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

**IMPORTANT APPLICATION INSTRUCTIONS**

- *Please read all application instructions carefully. Submitting a complete application allows our agency to provide assistance in a timely manner. Incomplete applications WILL NOT be processed.*
- *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.*

**\*\*You may return your completed application using one of the following methods\*\***

- **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 lockbox:** 19 Public Square Belleville, IL 62220

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

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



# LOW INCOME CREDIT

## (BEGINNING OCTOBER 2024)

If you applied for and received LIHEAP benefits between October 1, 2023, and August 15, 2024, and you are a natural gas customer of Ameren Illinois, you will **automatically** receive a monthly discount on your natural gas bill beginning with your October billing cycle.

For Ameren Illinois natural gas customers, the discount will be listed as “**Low Income Credit**” on your natural gas bill. The credit you receive will depend on your household income level, and be listed as “**Tier 1, Tier 2, Tier 3, or Tier 4**”.

### What is a Tier?

If your household income falls into a certain range, you will get that Tier credit on your natural gas bill.

### How do I get the Low Income Credit?

Only LIHEAP customers are eligible for the Low Income Credit for Tier 1 through Tier 4.

Apply for LIHEAP between **October 1, 2024 and August 15, 2025**.

LIHEAP will **automatically** let your gas utility know what income Tier 1, 2, 3 or 4 you are in. From one year to the next, if your income changes enough to place you in a different Tier, your Low Income Credit will change based on predetermined income ranges.

This Low Income Credit will be on every monthly bill. Apply for LIHEAP every year to keep your Low Income Credit status current.

LIHEAP benefits are applied automatically to your bill **AFTER** the discount. LIHEAP benefits are a one-time credit.

### When will I get my natural gas discount?

Starting with October bills.

Low Income Credit = **Monthly** CREDIT on your bill

LIHEAP Benefit = **One-time Annual** CREDIT on your bill

### My LIHEAP benefit is lower than last year. Why?

This year you will be receiving two credits, the LIHEAP benefit and Low Income Credit. For many households, the two credits together will be larger than your LIHEAP benefit last year.

### Why can't I get a discount on my electric bill?

For this year, the Low Income Credit will only be on your natural gas bill. There are plans to add an electric discount in the future. Further information will be provided as it becomes available.

**For more information contact**  
**Ameren Illinois 1-800-755-5000.**



Illinois  
Department of Commerce  
& Economic Opportunity



## 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:

	<b>Low Income Home Energy Assistance Program (LIHEAP)</b> Assistance with gas, electric, propane and fuel oil <b>(October 1, 2024 – August 15, 2025, or until funding is exhausted)</b>
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**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

(October 1, 2024 – August 15, 2025, or until funding is exhausted)

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

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

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

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

Does anyone in the household receive:(check if applicable) SNAP TANF/AABD Medicaid Medicare

Are there any veterans in your household? Yes No If yes, please list the name(s) \_\_\_\_\_

Housing type: Rent \$ \_\_\_\_\_ Subsidized Rent (sec. 8 or public housing) \$ \_\_\_\_\_ Own

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

Is your gas/electric service disconnected OR pending disconnection? Yes No

Does your home have: Central air Window units (how many window units in the home? \_\_\_\_\_)

**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**



# Energy Assistance Program Zero Income Affidavit

**The highlighted sections/questions must be completed or application will be DENIED.**

<b>30-day income period:</b>	<b>List household members (18 and older with ZERO income)</b>	<b>Last date of employment:</b>	<b>Date of Last Pay:</b>
<b>From:</b>			
<b>To:</b>			
Application #:			
<b>Head of Household Name:</b>			

**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 <u>directly</u>
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

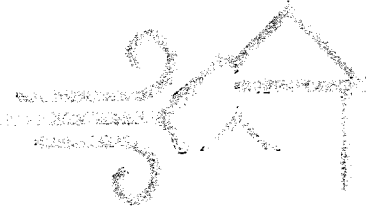
## Resource Referrals for Energy Assistance

Please answer all questions below:

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 or 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 or No
Are you interested in information about SSI (Supplemental Security Income)? <a href="http://ssa.gov">Supplemental Security Income (ssa.gov)</a>	Yes or No
Do you have a safe place to go if you are disconnected from your heat source?	Yes or No
If your residence has not been weatherized in the last 15 years, are you interested in information about the Weatherization Program?	Yes or 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 or 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 or 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 or 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 or 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 or No
Does anyone in your household receive SNAP (food Stamps)?	Yes or 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 or No
Are you interested in help with childcare while you work, and/or in pre-school for your child or children? <a href="http://www.brightpoint.org">www.brightpoint.org</a> ; <a href="https://www.dhs.state.il.us">https://www.dhs.state.il.us</a>	Yes or No
Are you currently disconnected, or in danger of disconnection for your past-due water utility bill?	Yes or No
Are you currently disconnected, or in danger of disconnection for your past-due wastewater (sewer) utility bill?	Yes or No
<p>How were you referred to LIHEAP?</p> <ul style="list-style-type: none"> <li>○ Governor's Published Announcement</li> <li>○ Local New 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: right; font-weight: bold; font-size: 1.2em;">To locate other programs in your area, dial 211</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 if rent exceeds 30% of income;
- the type of home energy fuel if the household pays directly; and
- the region in which the household is located.

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:*

**St. Clair County IGD  
19 Public Square, Ste 200  
Belleville, IL 62220  
(618)257-9246**

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, 1 West Old State Capitol Plaza, Springfield, IL 62703



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