

Energy Assistance Program Zero Income Affidavit

Income Period:	Name of adult member(s) with Zero Income:	Last date of Employment:	Date of Last Pay:
From:			
To:			
Application #:			
Head of Household Name:			

The dates may not be in the 30-day timeframe, but "Last date of Employment" and "Date of Last Pay" **must** be entered for each adult with zero income.

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* ☐ 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* ☐ 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?

☐ Yes* **CONTINUE** ☐ No Continue to signature

☐ All Expenses were covered by household's recorded income.

If yes, continue filling out this form and indicate which expenses were **paid directly**, and by whom. Please include the 30-day expense totals, and explain below how the following expenses have been met in the household (such as SNAP, Section 8, etc.).

If paid for **directly** by someone else, please 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 <i>directly</i>
Food			
Housing			
Transportation			
Utilities			
Basic living needs*			

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

____ 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



ILLINOIS COMMUNITY ACTION AGENCIES
Client Needs Assessment

Illinois's community action agencies are conducting a study of the needs individuals and families may be experiencing in their lives. Results from the study will be considered by the community action agencies for planning, developing, and delivering agency programs, services, and activities.

INSTRUCTIONS: Please answer each question by checking the appropriate box (or boxes) or providing a written response. After completing the survey, please return it where you received it.

All surveys will be kept confidential. Thank you for participating.

1. DATE _____

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

E-MAIL ADDRESS _____

2. CITY _____ ZIP _____ PHONE _____

3. Before today's apt have you ever used Sangamon County Community Resources Services?

Yes _____ No _____

4. Do you use Public Health/WIC Services Yes _____ No _____

If yes, did you go today? Yes _____ No _____

Are you a Section 8 voucher holder or a public housing tenant? Yes _____ No _____

5. **EMPLOYMENT:** Which employment needs could you use help with (select all that apply)...

- ☐ Getting training for the job that I want
- ☐ Getting an education for the job that I want
- ☐ Finding a permanent full-time job that will support me or my family
- ☐ Knowing what jobs are available
- ☐ Learning how to interview for a job
- ☐ Learning how to write a resume
- ☐ Learning how to fill out job applications
- ☐ Learning computer skills to apply for jobs
- ☐ Obtaining appropriate clothing for my job
- ☐ Obtaining equipment (e.g. tools) for my job

6. **EDUCATION:** Which education needs could you or a family member use help with (select all that apply)...

- ☐ Obtaining a high school diploma or GED/HSED
- ☐ Obtaining a two-year college degree
- ☐ Obtaining a four-year college or university degree
- ☐ Choosing a career
- ☐ Choosing a technical school program
- ☐ Learning how to use a computer
- ☐ Learning or improving communication or language skills
- ☐ Learning English (as a second language)
- ☐ Getting financial assistance to complete my education
- ☐ Completing college aid forms (including FAFSA forms)

7. **FINANCIAL AND LEGAL ISSUES:** Which financial and/or legal needs could you or your family use help with (select all that apply)...

- ☐ Budgeting and managing money
- ☐ Opening a checking or savings account
- ☐ Filling out tax forms
- ☐ Understanding credit scores
- ☐ Solving problems with a credit card or loan company
- ☐ Solving problems with utility or telephone company

- ☐ Solving problems with payday loans
- ☐ Solving bank foreclosure/bankruptcy/repossession problems or issues
- ☐ Solving divorce problems or issues
- ☐ Solving child custody problems or issues
- ☐ Solving child support problems or issues
- ☐ Solving restraining order problems or issues
- ☐ Getting protection in domestic violence situations
- ☐ Getting legal assistance with deportation or immigration issues
- ☐ Getting legal assistance when denied services

8. HOUSING: Which housing needs could you or your family use help with (select all that apply)...

- ☐ Finding affordable housing that fits my family's needs
- ☐ Getting financial assistance with a down payment or closing costs to buy a home
- ☐ Qualifying for a loan to buy a home
- ☐ Obtaining home ownership education
- ☐ Obtaining renter/tenant rights and responsibilities education
- ☐ Learning basic home repair and property maintenance skills
- ☐ Getting financial assistance with rent payments
- ☐ Getting financial assistance with rent deposits
- ☐ Making my home more energy efficient
- ☐ Making changes to my home for a person with disabilities
- ☐ Getting emergency shelter

9. FOOD AND NUTRITION: Which food and nutrition needs could you or your family use help with (select all that apply)...

- ☐ Getting food from food pantries, food banks, or food shelves
- ☐ Having enough food at home
- ☐ Learning how to shop and cook for healthy eating
- ☐ Learning how to stretch my food dollar
- ☐ Getting emergency food assistance
- ☐ Getting meals delivered to my home
- ☐ Enrolling in the Food Assistance Program
- ☐ Learning how to set an example of healthy eating for my children
- ☐ Getting nutritious foods during pregnancy
- ☐ Obtaining breastfeeding education and assistance

10. Do you have children (under the age of 18) living with you? ☐ YES ☐ NO (If NO, skip questions 11 and 12)

11. CHILD CARE AND CHILD DEVELOPMENT: If you have children (under the age of 18) living with you, which child care and/or child development needs could you or your family use help with (select all that apply)...

- ☐ Finding child care in a convenient location
- ☐ Finding quality licensed child care
- ☐ Finding affordable child care
- ☐ Finding child care for babies
- ☐ Finding child care for toddlers
- ☐ Finding child care for preschoolers
- ☐ Finding evening or nighttime child care
- ☐ Finding weekend child care
- ☐ Finding a quality preschool
- ☐ Finding a before/after school program
- ☐ Preparing my preschool child for public school
- ☐ Getting financial assistance with child care costs
- ☐ Getting financial assistance with school supplies
- ☐ Getting financial assistance with school fees
- ☐ Getting financial assistance with school or club activities

12. PARENTING AND FAMILY SUPPORT: If you have children (under the age of 18) living with you, which parenting and/or family support needs could you or your family use help with (select all that apply)...

- ☐ Learning how to discipline my children more effectively
- ☐ Learning how to communicate and deal with my teenage children

- ☐ Learning how to deal with my children who have displayed bullying or violent behavior
- ☐ Learning how to deal with the bullying or violent behavior of my children's friends
- ☐ Learning how to talk to my children about drugs and alcohol
- ☐ Learning how to talk to my children about sex, AIDS, STDs, etc.
- ☐ Learning how to help my children cope with stress, depression, or emotional issues
- ☐ Learning how to set goals and plan for my family
- ☐ Communicating better with my children's care provider or teachers

13. TRANSPORTATION: Which transportation needs could you or your family use help with (select all that apply)...

- ☐ Having access to public transportation
- ☐ Having dependable transportation to and from work
- ☐ Getting financial assistance to buy a dependable car
- ☐ Getting financial assistance to make car repairs
- ☐ Getting financial assistance to buy car insurance
- ☐ Getting financial assistance to pay car registration or license fees
- ☐ Getting a driver's license
- ☐ Getting to and from medical or dental appointments
- ☐ Getting myself to and from school
- ☐ Getting my children to and from child care
- ☐ Getting my children to and from school
- ☐ Getting my children to and from school or club activities
- ☐ Going shopping and doing errands

14. HEALTH: Which health needs could you or a family member use help with (select all that apply)...

- ☐ Having affordable health insurance
- ☐ Having affordable dental insurance
- ☐ Having health care available in my community
- ☐ Having dental care available in my community
- ☐ Getting my health insurance questions answered
- ☐ Finding a doctor willing to accept Medicaid (Title XIX)
- ☐ Finding a dentist willing to accept Medicaid (Title XIX)
- ☐ Getting financial assistance for regular medical checkups
- ☐ Getting financial assistance for regular dental checkups
- ☐ Getting financial assistance for medicine and prescriptions
- ☐ Getting financial assistance for items such as glasses, hearing aids, wheelchairs, etc.
- ☐ Getting financial assistance for long-term health care
- ☐ Obtaining family planning or birth control education and assistance
- ☐ Getting good medical care before my baby is born
- ☐ Getting regular check-ups, developmental screens, or physicals for my children
- ☐ Getting my children tested for lead poisoning
- ☐ Getting immunizations for my children
- ☐ Getting treatment for a drug or alcohol problem
- ☐ Getting treatment and services for mental health
- ☐ Dealing with stress, depression, or anxiety
- ☐ Dealing with problems related to physical, emotional, or sexual abuse

15. BASIC NEEDS: Which basic needs could you or your family use help with (select all that apply)...

- ☐ Getting basic furniture, appliances, or house wares
- ☐ Getting personal care items such as soap, diapers, toilet paper, etc.
- ☐ Getting clothing and shoes
- ☐ Doing yard work or snow removal
- ☐ Doing house work or laundry
- ☐ Managing medications
- ☐ Having a reliable phone
- ☐ Having access to the Internet
- ☐ Getting financial assistance with my utility bills (heating, electric, and/or water)

16. Are there any problems or needs that you or your family faced within the last 12 months that you were unable to get help with?

- ☐ YES ☐ NO If YES, please list those problems or needs:

17. What is ONE thing you would like to see improved in your neighborhood?

18. How did you learn about our agency? Select all that apply:

- | | | |
|--|---|--|
| ☐ Family or friend | ☐ Websites/Internet | ☐ Local Church |
| ☐ United Way 211 | ☐ Social media (Facebook, Twitter, etc.) | ☐ Billboard |
| ☐ Brochure or flyer | ☐ A state agency | ☐ Radio |
| ☐ Television | ☐ Newspaper | ☐ The household I grew up in had received agency services |
| ☐ Current or former agency client | ☐ Phone book | ☐ Other _____ |
| ☐ Health care provider | ☐ A mailing | |

19. What are your sources of household income? Select all that apply:

- | | | | | | |
|---|---|---|--|----------------------------------|--------------------------------|
| ☐ No income | ☐ TANF | ☐ Employment income | ☐ Social Security | ☐ SSI | ☐ Other |
| ☐ Child support or alimony | ☐ General Assistance | ☐ Unemployment insurance | ☐ Self-employed | ☐ Pension | |

20. In the last 12 months, how has your household's income situation changed? ☐ Increased ☐ Decreased ☐ No change

21. What services has your household received from our agency within the last 12 months? Select all that apply:

- | | | |
|---|--|--|
| ☐ Energy Assistance (LIHEAP) | ☐ C.N. A Training | ☐ Case Management |
| ☐ Weatherization | ☐ G.E.D. | ☐ Dental Assistance |
| ☐ Rent Assistance | ☐ Food Boxes | ☐ Medication Assistance |
| ☐ Employment support | ☐ Summer School Tuition | ☐ Referrals to other agencies |
| ☐ Scholarship | ☐ School Uniforms | ☐ Housing Counseling |

22. If you know anyone with an incarcerated adult in their family, do they ever talk about particular concerns that could be addressed through... Select all that apply:

- | | | | |
|---|--|--|--|
| ☐ Transportation assistance | ☐ Child care assistance | ☐ Job skills training | ☐ Medical bill assistance |
| ☐ Mentor or after-school programs for children | ☐ Financial assistance | ☐ Stress relief | ☐ Other |

23. When you think about your adult family, friends and neighbors, how many of them might say something like "there's too much month at the end of my money?" or "where am I going to find money to pay for that?" Select one:

- ☐ Almost none (0 to 5%) ☐ Some (6 to 33%) ☐ Quite a few (26 to 66%) ☐ Most (67 to 95%) ☐ Almost everyone (96 to 100%)

24. When you think about your family, friends and neighbors, how many of them may have difficulties finding or buying enough quality food to provide at least three meals per day? Select one:

- ☐ Almost none (0 to 5%) ☐ Some (6 to 33%) ☐ Quite a few (26 to 66%) ☐ Most (67 to 95%) ☐ Almost everyone (96 to 100%)

25. When you have time to rest or are ready to sleep, what kind of issues in your family or neighborhood keep you up?

PLEASE COMPLETE ALL OF THE PARTICIPANT CHARACTERISTICS BELOW

FOR SANGAMON COUNTY DEPARTMENT OF COMMUNITY RESOURCES

Date:

Client Name:

Service you are here for:

1. Gender (Number of each gender in household)

a. Male

b. Female

2. Age of each person in household

a. 0 - 5

b. 6 - 11

c. 12 - 17

d. 18 - 23

e. 24 - 44

f. 45 - 54

g. 55 - 69

h. 70+

3. Ethnicity/Race Per Household**I. Ethnicity Per Household**

a. Hispanic, Latino or Spanish origins

b. Not Hispanic, Latino or Spanish origins

II. Race Of Each Person in Household

a. White

b. Black or African American

c. American Indian or Alaska Native

d. Asian

e. Native Hawaiian and Other Pacific Islander

f. Other

g. Multi-Race (any two or more of the above)

4. Education Levels of all Adults 24 years old or older

a. 0 - 8 grade

b. 9 - 12 grade (non-graduate)

c. High School Graduate or GED

d. 12+ Some Post Secondary Schooling

e. 2 or 4 years College Graduate

5. Other Characteristics Per Household

Yes

No

a. Health Insurance

b. Disabled

6. Family Type

a. Single Parent Female

b. Single Parent Male

c. Two Parent Household

d. Single Person

e. Two Adults **NO** Children

f. Other

7. Family Size

a. One

b. Two

c. Three

d. Four

e. Five

f. Six

g. Seven

h. Eight or more

8. Source of Family Income

Identify the applicable sources of income

a. TANF

b. SSI (disability)

c. Social Security

d. Pension

e. General Assistance

f. Unemployment Insurance

g. Employment + other income

h. Employment only

i. Child Support

j. Other

k. Zero Income

9. Housing

a. Own

b. Rent

c. Homeless

d. Other

FOR OFFICE WORKERS USE ONLY**Level of Family Income**

(% of HHS Guideline)

a. Up to 50%

b. 51% to 75%

c. 76% to 100%

d. 101% to 125%

e. 126% to 150%

f. 151% to 175%

g. 176% to 200%

h. 201% and over

Employee Name:

TOTAL INCOME AMOUNT FOR 30 DAYS:

Appeal Rights

You have the right of appeal if:

- ▲ your application was not processed in a timely fashion (approximately 30 days after you submit all your required information to the agency);
- ▲ you disagree with the outcome of your application.

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:

Sangamon County
Dept. of Community Resources
2833 South Grand Avenue East
Ste C-100
Springfield, IL 62703

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 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, 500 E. Monroe, Springfield, IL 62701.

www.liheapillinois.com

Your Rights

under the
Low Income
Home
Energy
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 for the LIHEAP Program depends on:

- ▲ the household's income and number of members; and
- ▲ 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.