

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: CALIFORNIA	FFY2015
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### 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"/>	139,020
2. Cooling	<input type="checkbox"/>	
<b>3. Crisis</b>		
a. Year Round	<input type="checkbox"/>	77,647
b. Winter	<input type="checkbox"/>	
c. Summer	<input type="checkbox"/>	
d. Emergency Furnace Repair & Replacement	<input type="checkbox"/>	3,375
e.	<input type="checkbox"/>	
f.	<input type="checkbox"/>	
4. Weatherization	<input type="checkbox"/>	12,712
5. Any type of LIHEAP assistance	<input type="checkbox"/>	223,028
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	47,685	44,740	23,864	12,407	10,324
2. Cooling					
<b>3. Crisis</b>					
a. Year Round	38,134	16,407	9,689	6,697	6,720
b. Winter					
c. Summer					
d. Emergency Furnace Repair & Replacement	772	788	620	477	718
e.					
f.					
4. Weatherization	3,148	3,126	2,300	1,760	2,378

## 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	57,364	57,043	28,283	106,167
2. Cooling				
<b>3. Crisis</b>				
a. Year Round	14,230	23,762	26,421	51,691
b. Winter				
c. Summer				
d. Emergency Furnace Repair & Replacement	1,533	920	990	2,762
e.				
f.				
4. Weatherization	4,941	3,719	2,837	8,950
5. Any type of LIHEAP assistance	74,577	81,928	56,210	162,425

## 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"/>	139,020
2. Cooling	<input type="checkbox"/>	
<b>3. Crisis</b>		
a. Year Round	<input type="checkbox"/>	77,647
b. Winter	<input type="checkbox"/>	
c. Summer	<input type="checkbox"/>	
d. Emergency Furnace Repair & Replacement	<input type="checkbox"/>	3,375
e.	<input type="checkbox"/>	
f.	<input type="checkbox"/>	
4. Weatherization	<input type="checkbox"/>	12,712

## 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	47,685	44,740	23,864	12,407	10,324	
2. Cooling						
<b>3.Crisis</b>						
a. Year Round	38,134	16,407	9,689	6,697	6,720	
b. Winter						
c. Summer						
d. Emergency Furnace Repair & Replacement	772	788	620	477	718	
e.						
f.						
4. Weatherization	3,148	3,126	2,300	1,760	2,378	

### 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	15,365	19,040
2. Cooling		
<b>3.Crisis</b>		
a. Year Round	15,134	17,338
b. Winter		
c. Summer		
d. Emergency Furnace Repair & Replacement	442	715
e.		
f.		
4. Weatherization	1,478	1,952
	Notes	

### Certification

<p><b>Certification:</b> 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: Kathy Andry	d. Telephone:
b. Title of Authorized Official: LIHEAP Director	e. Email address:
c. Signature of Authorized Official: 	f. Date Submitted: 12/16/2015