

PIPP Universal Signature Page

IMPORTANT NOTICE: This state of Illinois grantee agency, **CEDA**, is requesting disclosure of information that is necessary to accomplish a complete application for:

<input type="checkbox"/>	Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income Payment Plan (PIPP) program
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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 LIHEAP/LIHWAP.

For LIHEAP 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 services for the purpose of program evaluation and analysis.

I agree that by signing this PIPP Recertification Universal Signature page, I acknowledge that I am choosing to continue my participation in the PIPP program and pay my new CPR based on my updated utility bill and household information.

I understand that by signing this Signature Page, I acknowledge and agree to comply with the PIPP guidelines outlined on the attached PIPP Applicant Agreement.

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: _____ **Phone:** _____

Applicant Signature: _____ **Date:** _____

**Percentage of Income Payment Plan ("PIPP")
Applicant Agreement--Program Year 2024 (PY24)**

1. Statewide PIPP Program Year Timeframes for Recertifying PIPP Customers. On _____, at my PIPP PY24 recertification appointment, I was presented with my new utility budget bill amount based on the utility true-up on _____. I have reviewed the information and have decided to continue my participation in the PIPP for PY24. I understand and agree to the following:
 - a. **New Customer Payment Responsibility ("CPR") and PIPP Benefit.** I will continue my participation in the PIPP program and pay my new monthly CPR based on my updated utility budget bill and household information for PY24. Unless otherwise instructed by my Local Administering Agency ("LAA"), my PIPP benefit (paid for on my behalf by the Illinois Department of Commerce and Economic Opportunity ("DCEO")) will continue until my annual account utility true-up occurs again next year during my PIPP PY25 recertification period.
 - b. **No Direct Vendor Payment ("DVP") or Reconnection Assistance ("RA") Benefits Available if Customer Terminates Participation from PIPP Program during the Current PY.** If I decide to terminate my participation in the PIPP program during PY24, **I cannot apply for a DVP or RA benefits from any vendor during the same PY that I have been on PIPP in PY24 because I will have already received PIPP benefits for this current PY.** I understand I will be able to apply for a Low Income Home Energy Assistance Program ("LIHEAP") benefit during my next enrollment period in PY25 and will, at that time, be able to make the choice between a DVP through LIHEAP or PIPP, subject to funding availability.
2. I understand the main objective of the PIPP program is to make my energy bill more affordable and to help maintain my home energy service throughout the year.
3. I understand the intent of the PIPP benefit is to help reduce my utility bill when I make the required full monthly payments per PIPP program guidelines. I also understand that my energy consumption between now and my utility true-up date may result in some fluctuation in the final amount which could either increase or decrease this monthly budget bill estimate. Also, the cost of utility charges may change potentially impacting my final utility bill.
4. By enrolling in the PIPP program, I agree to enter a monthly budget payment plan with the participating PIPP utility.
5. By enrolling in the PIPP program, I understand the participating PIPP utility will reduce my Pre-Program Arrearage ("PPA"), if appropriate, for each on-time monthly payment I make by the bill due date, up to a total of \$1,000 per utility per PY. Any unpaid PPA will be added back to my utility balance if my participation in the PIPP program ends for any reason.
6. I understand and agree that I will pay my portion of the bill (also referred to as the CPR) and DCEO will pay, on my behalf, a monthly PIPP benefit amount not to exceed \$1,800 (a maximum of \$150/month) for all electric customers or \$900 (a maximum of \$75/month) for gas primary customers or \$900 for electric secondary customers in any PY, ending June 30th of the State's current fiscal year, subject to Section 11 below.
7. I understand and agree that I will be responsible for my monthly CPR payment towards my utility bill that is based on a percentage of my total household income in addition to any outstanding balance on the account that cannot be covered by the monthly PIPP benefit provided by DCEO.
8. **I understand and agree that my failure to make the required full monthly payments by the due date every month may result in termination from the PIPP program, and I will not be eligible to re-enroll in the PIPP program or apply for the regular LIHEAP program (DVP or RA) until the following PY. If I have two accounts enrolled in the PIPP program and one account is removed for not maintaining timely CPR payments, my other account should remain active on the PIPP program if my monthly obligations are maintained; however, such remaining open account would be automatically removed from the PIPP program during the next recertification period.**
9. By enrolling in the PIPP program as offered and available, I agree to participate in LAA or utility programs to help manage my utility bills.
10. I understand and agree that my income will need to be recertified at least once a year or upon the LAA's request to redetermine my eligibility and to receive assistance through the PIPP program. I also understand and agree that I will be required to schedule an appointment with the LAA and recertify my participation in the PIPP program for PY24, or at any point during the current PY24, if my income changes.
11. I understand that my monthly PIPP benefit is contingent upon funding availability and DCEO may terminate my PIPP participation if sufficient funding for operation of the PIPP program is no longer available at any time during the current PY24.
12. I understand and agree that this Applicant Agreement is valid from the date signed through the end of this PY24 on June 30, 2024, wherein I will be contacted by the LAA for an evaluation that will be made at that time during my recertification period to determine if sufficient funding is available to continue my participation in the PIPP for PY25. If sufficient funding is not available, my monthly PIPP benefit could be reduced or my participation in the PIPP program may be entirely terminated.
13. I agree to promptly report all changes in my or my household's income during PY24 to the LAA.
14. I understand and agree that if I move during PY24, my eligibility in the PIPP program may be terminated depending upon my new location and funding availability, and I would therefore not be eligible even for the regular LIHEAP program (DVP or RA) until the next PY. I also understand that I

must re-certify my household income and household composition with the new LAA **within one year** from the date my household was recertified for the PIPP program to ensure continued eligibility for the PIPP benefit (subject to funding availability).

- 15. By signing this Applicant Agreement, I authorize the PIPP participating utility to release to DCEO, and its authorized agents, sensitive information about my home utility account, including but not limited to, energy usage history, payment history, income, and payment arrangements.
- 16. **Client Appeal Process.** I understand that if subject to potential termination from the PIPP program, or if at the time of recertification, I disagree with the new CPR amount or the PIPP benefit levels, the appeal process is as follows:
 - a. **Client Appeal Notification to the LAA.** Within five (5) business days of the Notice of Termination letter date or the postmark on the letter envelope, whichever is later, I must submit a written notice of appeal to the LAA.
 - b. **LAA Review of Client Appeal.** The LAA Appeals Officer will review the case within seven (7) business days of receipt of the client's Notice of Appeal request and will set up an opportunity to conduct an informal meeting with the client to explain the LAA's action and next steps, if applicable.
 - c. **Client Notification of LAA Decision.** Within three (3) business days of the informal meeting, the LAA will provide written notification of its final decision to the client.
 - d. **Appeal of LAA Decision to the State/DCEO.** If the client is not satisfied with the LAA's final decision, he/she has three (3) business days to file a formal written request for the State/DCEO's review. However, the client must continue to pay the CPR stated at the time of his/her recertification appointment during the ongoing appeals process. If the request for the State/DCEO's review is made timely, the process is as follows:
 - 1. State/DCEO notifies LAA of the appeal.
 - 2. State/DCEO case officer is assigned and has seven (7) business days from the receipt of the request for State/DCEO review.
 - 3. State/DCEO case officer will provide the client written notification of the State/DCEO findings within ten (10) business days of the request for State/DCEO review.
 - e. **State/DCEO Formal Review.** If the State/DCEO review supports the LAA final decision, the PIPP client will have the following options: (a) remain terminated from the PIPP program (in the case of termination); (b) continue to pay the CPR amount established in his/her recertification appointment (in the case of a challenge of a termination); or (c) his/her CPR and PIPP benefit will be adjusted in accordance with the State ruling.

I understand the monthly budget bill amount provided today has been updated based on my utility true-up date. I also understand that my energy consumption between now and my utility true-up date may result in some fluctuation in the final amount which could either increase or decrease this monthly budget bill for the following year. Any increase in PIPP benefit levels due to a rise in my new utility budget bill is contingent upon funding availability.

_____ I agree to allow the LAA to enroll me in the PIPP program for PY24 and the LAA will notify me should there be changes in my utility budget bill, my actual CPR and/or the PIPP benefit.

_____ I understand that if I fail to make my monthly payments and/or decide to terminate my PIPP participation, I will not be eligible for a DVP or RA benefits in PY24 because I will have already received LIHEAP benefits through the PIPP program.

I read and agree to comply with the above guidelines for the PIPP program. I understand and agree that if I fail to comply with the program requirements or submit any false or misleading information, I will be terminated from the PIPP program and I will be required to return/refund any PIPP benefits paid on my behalf. I authorize the LAA and DCEO (if necessary) to verify the information submitted in reference to this application, including but not limited to, income and household information, and to contact my utility/supplier, landlord, employer or any other sources for verification of said information. I understand and agree that the LAA is authorized to submit or exchange any information contained in or submitted in reference to this application to DCEO regarding my application and participation in the PY24 PIPP program. I acknowledge receipt of and have read the client appeals process information.

_____ Print Name of PIPP Applicant

_____ Applicant Phone Number

_____ Signature of PIPP Applicant

_____ Date

_____ Signature of LAA Intake Worker

_____ Date

_____ [Insert Agency Name]