

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

PLEASE MAKE SURE YOUR APPLICATION IS COMPLETE!!!! INCOMPLETE APPLICATIONS WILL BE HELD IN A PENDING STATUS. THE FOLLOWING TYPES OF VERIFICATION MUST BE SUBMITTED WITH THE LIHEAP APPLICATION BEFORE IT WILL BE PROCESSED.

- [1] PLEASE LIST ALL HOUSEHOLD MEMBERS NAMES, BIRTHDATES AND SOCIAL SECURITY NUMBERS.
- [2] TOTAL HOUSEHOLD INCOME MUST BE VERIFIED (PROOF) – IE: IF PAID BI-WEEKLY-NEED TWO RECENT PAYSTUBS, IF PAID WEEKLY-NEED FOUR RECENT PAYSTUBS, UNEMPLOYMENT STUBS (4), AWARD LETTERS FOR SOCIAL SECURITY, RETIREMENT, DSHS-TANF, *DIRECT CHECK DEPOSITS* CAN BE VERIFIED WITH A BANK STATEMENT, W-2 FORMS, INCOME TAX RETURN, CHILD SUPPORT, ECT.
- [3] FUEL/ELECTRIC BILLING: SHOWING THE ACCOUNT NUMBER AND THE NAME THE ACCOUNT IS REGISTERED UNDER
- [4] COPY OF YOUR TRIBAL ID OR A CIB (Certification of Indian Blood) from the Enrollment Office.
- [5] CHILD CARE/SUPPORT COSTS: UP TO \$500 MAY BE DEDUCTED FROM YOUR TOTAL GROSS MONTHLY INCOME. CLIENTS MUST VERIFY WITH RECEIPTS OR A NOTE FROM CHILDCARE PROVIDER.

CHILD SUPPORT PAYMENTS – WILL BE VERIFIED THROUGH THE CCT CHILD SUPPORT ENFORCEMENT PROGRAM.
- [6] RENTAL AGREEMENT OR RECEIPT: THIS IS NEEDED IF YOU ARE REQUESTING ASSISTANCE TO OPEN UP A NEW ACCOUNT REQUIRING A DEPOSIT.

FOR MORE INFORMATION, PLEASE FEEL FREE TO CONTACT US AT:

DOROTHY PALMER, LIHEAP MANAGER (509) 634-2770

CASTINA JORDAN, LIHEAP STAFF ASSISTANT (509) 634-2769

COLVILLE CONFEDERATED TRIBES
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
P.O BOX 150, Nespelem, WA 99155
(509)634-2769 OR 634-2770 ~ **1-888-881-7684** ~ Fax: (509)634-2795

Name-Head of Household Age Male/Female Birthdate Social Security Number

Name-Spouse, Live-In Age Male/Female Birthdate Social Security Number

MAILING ADDRESS: _____ CITY: _____ COUNTY: _____ ZIP: _____

HOME LOCATION: _____ PHONE/MESSAGE: _____
Directions (street, HUD#, ECT)

PREVIOUS ADDRESS, IF YOU HAVE NOT LIVED HERE FOR OVER 1 YEAR? _____

IS HEAD OF HOUSEHOLD? (CHECK ONE) Colville Tribal Member Member of other Tribe Non-member

If Non-Indian, who in the household is a Tribal Member?

Name _____ Tribe _____ Tribal ID _____

LIST ALL OTHER HOUSEHOLD MEMBERS?

	Household Member's Name	Age	Birthdate	Social Security	Tribal Affiliation
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

- ❖ Are any members of your household "ONLY TEMPORARY RESIDENTS"? YES NO
- ❖ Are any members of your household "PERMANENTLY DISABLED"? YES NO
- ❖ Are there any members of your household "SEASONAL WORKER"? YES NO
- ❖ Does anyone in the household receive Food Stamps Tribal Food Commodities? Applying None
- ❖ **Has any member of your household applied or received Energy Assistance from another Tribe or program since October 1, 2016?** YES NO. **If yes, when and where?**

List the total Gross Income received by all members living in your household:			
Household Member's Name	Employer's Name	Gross Check	How Often Paid?
		\$ _____	Wkly, Bi-Wkly, Monthly
		\$ _____	
_____ Unemployment (Head of Household)		_____	State AFDC, Welfare
_____ Unemployment (Spouse)		_____	Tribal TANF
_____ Child Support – to be verified through CCT Child Support Program		_____	Tribal General Assistance (GA)
_____ Social Security		_____	Education Loan
_____ SSI (Supplemental Security Income)		_____	Education Scholarship or Grant
_____ Pension/Retirement		_____	Self Employed
_____ Rental/Lease Income		_____	No Income-complete Form NI
		_____	Other
Total income Past Month: \$ _____ or 3 months \$ _____ or past 12 months \$ _____			
Explanation: _____			
Do you pay monthly child care/support costs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much \$ _____ (This amount will be deducted from gross income)			

DO YOU LIVE IN A HOUSE, TRAILER OR APARTMENT?

DO YOU RENT, OWN OR ARE YOU BUYING YOUR HOME?

IS THE COST OF HEATING YOUR HOME INCLUDED IN THE RENT? YES NO

WHAT TYPE(S) OF FUEL DO YOU USE TO HEAT YOUR HOME?

OIL ELECTRIC WOOD WOOD PELLETS PROPANE

YOU ARE ONLY ELIGIBLE FOR ASSISTANCE FOR ONE TYPE OF FUEL: Choice of Fuel Type: _____

IF ELECTRIC, HAVE YOU RECEIVED A "NOTICE OF SERVICE DISCONNECTION"? YES NO

Name and address of Heating Fuel Supplier (vendor): _____

WHOSE NAME is (or will be) on the fuel bill?: _____ Account#: _____

*******COMPLETE THIS AREA*****ONLY IF YOU ARE REQUESTING FIREWOOD*******

Is there a special length of wood needed for your woodstove? YES NO Size: _____

Estimate cords of firewood used to heat your home for the winter (4 months): _____

For delivery, directions to your home: _____

*******COMPLETE THIS AREA*****ONLY IF YOU NEED ENERGY CRISIS INTERVENTION*******
TYPE OF ENERGY CRISIS ASSISTANCE NEEDED? (CHECK ONLY ONE!!!)

- A. Minor repair(s) to your household heating source (explain below).
- B. Replacement/supplement to the present household heating source (explain below).
- C. Emergency electric heating bill payment (explain below the "Emergency").
- D. Emergency fuel delivery (firewood, oil, wood pellets, propane) (check one)—less than 10 day supply on hand.

Explanation: _____

*******COMPLETE THIS AREA*****ONLY IF YOU NEED WEATHERIZATION ASSISTANCE*******

Have you applied or received WEATHERIZATION ASSISTANCE before? YES NO

If yes, when and from whom? _____

What type of small home Weatherization repairs are you interested in receiving? _____

Is your home a: Tribal Rental HUD Rental Neither

Size of mobile home or trailer? Length _____ Width _____

Directions to your home? _____

I declare that the information given me on this application for Energy Assistance is true and correct. I understand that because the Colville Tribe's Low Income Energy Assistance Program is federally funded, the penalty for providing false information shall be not more than a \$10,000.00 fine or not more than 5 years imprisonment or both.

I give my consent to any investigation to verify or confirm the information I have given and I also authorize the utility/fuel supplier to release any information pertinent to my fuel costs and consumption.

I understand that I have the right to appeal any decision made on my application within 10 working days by having my case reviewed with the LIHEAP Manager. Then if I am still dissatisfied, a formal hearing will be requested within 10 working days of the LIHEAP Manager's decision by writing to Alison Ball, Colville Tribe's Health & Human Services Director, PO Box 150, Nespelem, WA 99155.

Applicant's Signature

Date

The following must be submitted with your application before it can be processed.
Incomplete information will result in your application being held in a pending status.

1. **VERIFICATION (proof) OF INCOME:** Examples: If paid bi-weekly-need two pay stubs, weekly-need four paystubs, unemployment stubs, W-2 Forms, Income Tax Return forms, bank statements for direct deposits, award letters for Social Security, Supplemental Security Income, State AFDC-Welfare, Tribal TANF, Tribal GA ect.
2. **FUEL/ELECTRIC BILLING:** showing the account number and the name account is registered under.
3. **RENTAL AGREEMENT OR RECEIPT:** Only needed if you are requesting assistance with a deposit to open a new account.
4. **CHILD CARE/SUPPORT COSTS:** Up to \$500 may be deducted from your total Gross Monthly Income. Child Care costs must be verified by: Receipts (check copies), a note from Childcare Provider or receipts on child support payments.
5. **Verification of Tribal Enrollment:** ID Card, C.I.B. Certification of Indian Blood.

**DO NOT WRITE IN THIS SECTION
FOR CERTIFICATION WORKER ONLY!!**

DATE RECEIVED: _____ **Date to be Reviewed:** _____ **Date Reviewed:** _____

HEATING ASSISTANCE **WEATHERIZATION** **ENERGY CRISIS**

DECISION DATE: _____ **DECISION DATE:** _____ **DECISION DATE:** _____

MADE BY WHOM: _____ **MADE BY WHOM:** _____ **MADE BY WHOM:** _____

{ } Approved { } Denied { } Approved { } Denied { } Approved { } Denied

If denied, why? _____ **If denied, why?** _____ **If denied, why?** _____



The Confederated Tribes of the Colville Reservation
P.O. Box 150, Nespelem, WA 99155
(509) 634-2770
FAX: (509) 634-2795



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

NO - INCOME STATEMENT

(This form is to be completed by any household member 18 yrs. & over with no income.)

I, _____, do hereby declare that I have NOT received any type of
Income for the month of _____ 201_.

I certify that the information contained in this NO-INCOME DECLARATION is complete
and accurate to the best of my knowledge. I understand that the penalty for providing false
information shall be not more than a \$10,000.00 fine or not more than 5 years imprisonment or both.

I also give my consent to any investigation to verify or confirm the information I am
giving.

.....
My Basic living needs (Shelter, Food, home heating bills, transportation) have been met (Paid For)
during the above month by; (GIVE A BRIEF EXPLANATION HOW THESE NEEDS HAVE BEEN MET)

SHELTER:

FOOD:

HOME HEATING:

**TRANSPORTATION: (NOTE - HOW HAVE YOU BEEN PURCHASING
GAS/ OIL FOR YOUR VEHICLE?)**

APPLICANT'S SIGNATURE

DATE SIGNED

LIHEAP REPRESENTATIVE

DATE SIGNED



Colville Confederated Tribes

Low Income Home Energy Assistance Program

P.O. Box 150, Nespelem, WA 99155 – (509) 634-2770 or 2769 Fax# 634-2795

Toll Free: 1-888-881-7684

WOOD/PELLET/PROPANE/OIL Statement

- Firewood: I Purchase my firewood from _____
- Wood Pellets: I purchase my wood pellets from _____
- Propane: I Purchase my propane from _____
- Oil: I purchase my oil from _____

My average use for heating is: _____ cords/ton/gallons per year (this will not affect your benefit.)

For Home Owners ONLY:

The condition of my heating source is (Check one below) and I am interested in receiving assistance for repair (depending on qualification and available funding).

- Inoperative
- Unsafe, presents a serious safety hazard
- Substantially dysfunctional

Please describe the condition and type of heating system you have:

I understand that my signature below will give permission for “on premise” verification at any time of my heating system. The money that I will be issued will be only used for the firewood/pellet/propane/oil that heats my home. I understand that I will be under penalty of Criminal Prosecution if I give false information or use the money I receive for reasons other than for the purpose of heating. If Colville Tribal Low Income Home Energy Assistance Program finds that I have committed fraud, I will be ineligible for assistance from any program for an indefinite period and I may face Criminal Charges.

Client Signature

Date