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, 2018?** **[ ]  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 |  |  |  | Tribal General Assistance (GA) |
|  |  CCT Child Support Program |  |  |  | Education Loan  |
|  | Social Security |  |  |  | Education Scholarship or Grant |
|  | SSI (Supplemental Security Income) |  |  |  | Self Employed |
|  | Pension/Retirement |  |  |  | No Income-complete Form NI |
|  | Rental/Lease Income |  |  |  | Other |
| Total income Past Month: $\_\_\_\_\_\_\_\_\_\_\_\_\_or 3 months $**\_\_\_\_\_\_\_\_\_\_\_\_\_** or past 12 months $**\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Explanation: |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| Do you pay monthly child care/support costs? [ ]  Yes [ ]  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?\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**