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?\_\_\_\_\_\_\_\_\_\_\_\_\_**

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