

LIHEAP

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

HEAD OF HOUSEHOLD INFORMATION:

LAST NAME _____ FIRST NAME: _____ M.I. _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER OR MESSAGE NUMBER: _____

PREVIOUS ADDRESS(if not lived at current for more then a yr) _____

Circle one that applies: Quinault Member, Member of another tribe, or Non-Indian

If head of household is non quinault, who in the household is and what is their tribal id # _____

LIST ALL OTHER HOUSEHOLD MEMBERS:

NAME	AGE	RELATIONSHIP	SOCIAL SECURITY #
1) _____	_____	_____	____-____-____
2) _____	_____	_____	____-____-____
3) _____	_____	_____	____-____-____
4) _____	_____	_____	____-____-____
5) _____	_____	_____	____-____-____
6) _____	_____	_____	____-____-____
7) _____	_____	_____	____-____-____

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ARE ANY OF MEMBERS OF YOUR HOUSEHOLD PERMANENTLY HANDICAPPED OR DISABLED circle one that applies YES OR NO

DOES THE HOUSEHOLD RECEIVE FOOD STAMPS OR FOOD DISTRIBUTION COMMODITIES? Circle one that applies YES OR NO

LIST THE TOTAL GROSS INCOME RECEIVED BY ALL MEMBERS LIVING IN THE HOUSEHOLD:

HOUSEHOLD MEMBERS NAME	Name of Employer	Gross check amt	How often pd
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

OTHER INCOME:

\$ _____ AFDC	\$ _____ UNEMPLOYMENT
\$ _____ PUBLIC ASSISTANCES	\$ _____ UI FOR SPOUSE OR S.O.
\$ _____ PENSION	\$ _____ VETERANS BENEFITS
\$ _____ SSI(gold check)	\$ _____ CHILD SUPPORT
\$ _____ SELF EMPLOYED	\$ _____ OTHER

GROSS INCOME FOR PAST MONTH, THREE(3) MONTHS, OR ONE (1) YEAR

1 Month Income \$ _____ 3 Month Income \$ _____ Year \$ _____

HAS ANYONE IN YOUR HOUSEHOLD APPLIED FOR ENERGY ASSISTANCE WITH ANOTHER PROGRAM OR COUNTY PROGRAMS?

WHEN? _____ WHERE _____

DO YOU LIVE IN A HOUSE/TRAILER/OR APARTMENT (CIRCLE ONE THAT APPLIES)

OWNERSHIP _____ RENTAL _____ BUY TO

OWN _____

AMOUNT OF RENT _____ PER MONTH AMT OF HOUSE PAYMNTS _____

IS THE HEATING COST INCLUDED IN YOUR RENT? YES OR NO (CIRCLE ONE THAT APPLIES)

TYPES OF FUEL SUPPLIER (VENDOR)

ADDRESS

WHOSE NAME IS ON THE FUEL BILL? _____ ACCT # _____

IF REQUESTING WOOD:

Estimate cords of firewood used to heat the house for the winter

Is there a special length on wood size? Yes or No (circle one that applies) size needed: _____

I declare that the information given by me in this application is true and correct. I understand that because the Quinault Tribe's Low Income Home Energy Assistance is federally funded, and the penalty for providing false information shall not be more than a \$10,000 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 my decision made on my application within ten (10) working days of that decision with the Quinault Tribe's Social Services Director

APPLICANTS SIGNATURE

TODAY'S DATE

MAKE SURE THE FOLLOWING IS ATTACHED TO THE APPLICATION:

- 1) RECENT FUEL/ELECTRIC BILLING
- 2) VERIFICATION (PROOF) OF INCOME-INCOME TAX FORMS, W-2 FORMS, UNEMPLOYMENT STUBS-COMPUTERS PRINT OUTS, PAY STUBS, AWARD LETTER OF SOCIAL SECURITY, SSI, AFDC, PUBLIC ASSISTANCE, VA BENEFITS, BANK STATEMENTS FOR DIRECT DEPOSITS, AND COPY OF CHECKS.

This information is needed in each clients file for our yearly audit.

PAYMENT VERIFICATION TO THE FUEL SUPPLIER WILL NOT BE MADE UNTIL ALL VERIFICATION HAS BEEN TURNED IN...

DO NOT WRITE IN THIS SECTION.....FOR CERTIFICATION WORKER ONLY