



**LIHEAP/LIHWAP Application**

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM/LOW INCOME  
HOUSEHOLD WATER ASSISTANCE PROGRAM

1214 AALIS DR | P.O. BOX 189 | TAHOLAH, WA 98587 | 360.276.8215 EXT. 8232  
OR 8231

**SUPPORTING DOCUMENTS NEEDED TO PROCESS APPLICATION:**

- Complete application with all information fields completed and legible
- Most recent Electric/Fuel Bill/Water Bill
- Income verification for all household members
- Zero income statement if household has zero income
- Supporting Statement form
- Rent or Mortgage Payment Receipts or completed verification form
- Release of Information
- Confidentiality statement
- Proof of Enrollment (Tribal ID or Certificate of Indian Blood)

**INCOMPLETE APPLICATIONS WILL BE DENIED**

**CALL OR EMAIL LIHEAP STAFF WITH QUESTIONS**

**360-276-8215 EXT. 8232 | [LIHEAP@quinault.org](mailto:LIHEAP@quinault.org)**



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**HEAD OF HOUSEHOLD INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Quinault Tribal Member:  Yes  No Enrollment Number: \_\_\_\_\_

If head of house hold is not Quinault list information of enrolled household member that is Quinault

Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**LIST ALL OTHER HOUSEHOLD MEMBERS:**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>SSN</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

Are any members of the household permanently handicap or disabled?  Yes  No

If yes, who? \_\_\_\_\_

Has anyone in your household received energy assistance from any program other than LIHEAP?

Yes  No

Who: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

LIHEAP STAFF USE:  0-2  3-18  19-54  55+



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**LIST GROSS INCOME (EARNED AND SELF-EMPLOYMENT) FOR ALL HOUSEHOLD MEMBERS:**

<u>Name</u>	<u>Employer</u>	<u>Amount</u>	<u>Received</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

**DOES ANYONE IN THE HOUSEHOLD HAVE OR EXPECT TO RECEIVE ANY TYPE OF UNEARNED INCOME?**

- |                                |                           |                   |              |
|--------------------------------|---------------------------|-------------------|--------------|
| Supplemental Security Income   | Unemployment Insurance    | Annuities         | Settlements  |
| Social Security Administration | Worker's Compensation     | Dividends         | Tribal Lease |
| Disability Benefits            | Alimony                   | Child Support     | TANF         |
| Retirement Benefits            | Inheritance               | Rent/Lease Income |              |
| General Assistance             | Commissions               | Per Capita        |              |
| Sale of Property or Timber     | One-Time lump-sum payment | Royalties         |              |

**Yes**  **No** If yes, list all unearned income received by household members:

<u>Name</u>	<u>Type of Income</u>	<u>Amount</u>	<u>Received</u>
1. _____			
2. _____			
3. _____			
4. _____			

**TOTAL HOUSEHOLD INCOME FOR PAST THREE MONTHS OR ONE YEAR**

Month 1: \$ \_\_\_\_\_ Month 2: \$ \_\_\_\_\_ Month 3: \$ \_\_\_\_\_ Year: \$ \_\_\_\_\_

**DO YOU LIVE IN A:**  House  Trailer  Apartment

**DO YOU:**  OWN  RENT  RENT TO OWN

**IS YOUR HEATING COST INCLUDED IN YOUR RENT?**  Yes  No

**TYPE OF ENERGY ASSISTANCE:**  Electricity  Wood  Fuel (Propane or Oil)

**FUEL VENDOR:** \_\_\_\_\_

**IF REQUESTING WOOD WHAT IS THE LENGTH AND SIZE NEEDED?** \_\_\_\_\_



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I declare that the information given by me in this application is true and correct. I understand that because the Quinault Indian Nation Low Income Home Energy Assistance Program is federally funded the penalty for providing false information could result in a \$10,000.00 fine or no more than 5 years' imprisonment or both.

I give my consent to any investigation to verify or confirm the information I have provided.

I understand that I have the right to appeal the decision made on my application within ten (10) business days of receiving a decision on the application with Social Services Manager, Amelia Delacruz 360-276-8215 ext.8217.

I understand that if I have any concern or know of any fraudulent activities occurring with the QIN LIHEAP I will report to Amelia Delacruz.

All adult household members must sign and print name

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality statement**

Initial:

\_\_\_\_\_ I authorize the use of my personal information, tribal identification, state identification, account numbers, address verification, phone numbers, social security numbers, financial profile, household ages, disabilities and income to determine eligibility if needed for commodities and emergency food program.



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## **QIN LIHEAP RELEASE OF INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I request and authorize Grays Harbor Public Utility District to release my account information to:

QIN LIHEAP

P.O. Box 189

Taholah, WA 98587

This release applies to account information regarding balance and credits

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Release of information valid for one (1) year from date signed



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## **QIN LIHEAP ZERO INCOME STATEMENT**

This form must be completed and signed by the applicant whose household has little or no income.

Has your household received any income in the past 90 days?  Yes  No

If yes, please tell us the source of income and how much you received:

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Explain how your household meets its needs for the following:

Food:

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Shelter:

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Utility Service (electricity, heat, water):

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Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please provide supporting statement on next page





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## **QIN LIHEAP VERIFICATION OF RENT OR MORTGAGE**

Landlord: \_\_\_\_\_

This will serve as verification for: \_\_\_\_\_

Rent amount: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

The physical address of the rental unit is:

\_\_\_\_\_

Landlord information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_