



APPLICATION: HEATING ASSISTANCE PROGRAM

Spirit Lake Tribe

P.O. Box 359, Fort Totten, ND

<input type="checkbox"/>	Propane	_____
<input type="checkbox"/>	Elec.	_____
<input type="checkbox"/>	Fuel Oil	_____
For Office Use Only		

Applications, changes to applications and verifications are accepted from October 1 through March 31, or until program funds run out, whichever comes first. If March 31 falls on a weekend, the deadline will be the end of the first work day following March 31.

Complete Section 1 for the Head of the Household. Age, sex, disability and race questions in Sections 1 and 2 are for reporting purposes only.

1. HEAD OF HOUSEHOLD

Name		Enroll #	
Social Security Number - -		Phone () -	
911 Physical Address (Location of Home)			
Mailing Address		County	
City	State	Zip	
Have you lived at this address since September 1? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If NO, date you moved in: _____			
Age	Date of Birth / /	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other		Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you need a translator? YES <input type="checkbox"/> NO <input type="checkbox"/>			

2. HOUSEHOLD MEMBERS: (List ALL OTHER PERSONS living in your home, including those not related to you.)

	NAME	DATE of BIRTH	AGE	Social Security No.
1		/ /		- -
2		/ /		- -
3		/ /		- -
4		/ /		- -
5		/ /		- -
6		/ /		- -
7		/ /		- -
8		/ /		- -

Is any member of your household handicapped? ☐ YES ☐ NO

If YES, give their first name and age

Name _____ Age _____

Nature of Disability: _____

NOTE: WRITTEN PROOF OF THE ITEMS LISTED BELOW IS NECESSARY BEFORE YOUR APPLICATION WILL BE PROCESSED.

3. INCOME List below the **GROSS** income of **ALL PERSONS** living in your home.

***** CHECK YES OR NO ON ALL QUESTIONS *****

YES	NO	Source of Income	LAST MONTH (Verification Required)		THIS MONTH (Verification Required)		NEXT MONTH (Anticipated)	
			Amount	How Often	Amount	How Often	Amount	How Often
<input type="checkbox"/>	<input type="checkbox"/>	Wages			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	SSI			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Annuity			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Interest Income			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Child Support			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Tanf			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Self Employment			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Comp.			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Lease Income			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Other			\$		\$	

List any other income you receive during the year that is not listed above.		
Source	Amount	When

List names, addresses, phone numbers of employers:

IMPORTANT REMINDERS:

IT IS IMPORTANT THAT YOU CHECK YOUR PROPANE GAUGE, AT LEAST ONCE A WEEK. WE NEED TO KNOW WHEN THE GAUGE GETS TO 30%. DUE TO THE ROAD CONDITIONS, IT WILL TAKE AT LEAST A WEEK FOR A DELIVERY.

THE PROGRAM WILL NOT PAY FOR EXTRA FEES IF YOU RUN OUT AND IF YOUR ELECTRIC GETS TURNED OFF.



PLEASE READ

APPLICATION FOR HEATING ASSISTANCE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

INFORMATION AND INSTRUCTIONS:

This sheet explains the Heating Assistance Program (LIHEAP) for the Spirit Lake Tribe and how to apply. **Keep this page.** Complete the accompanying application and send it all verification to the LIHEAP/Fuel Assistance Office in the Tribal Offices in the Community Center.

WHAT IS HEATING ASSISTANCE?

It helps pay A PORTION (NOT ALL) of the heating bills from October through March for the home you live in **IF . . .**

* You are a home owner or renter and you pay your own heat bills. Benefits can buy fuel used to heat your home . . . fuel oil, propane, coal, wood, kerosene, electricity, natural gas. Payments are made directly to your dealer or utility company.

* Your rent payment includes heat **and you are not receiving utility allowance.**

NOTE: Heating assistance can't be used to pay heating bills for your farm or business or any home you are not living in, to fill extra storage tanks, or as a credit for fuel to be delivered after March 31.

HOW CAN I LOWER MY SHARE OF THE BILL?

Heating Assistance does not pay **ALL** of your heating bills. To save money:

1. Buy from a dealer who will give you the cash discount for fuel.
2. Buy from a dealer who will let you make 12 monthly payments for your share of the heating bills.
3. Ask your heating assistance worker for more information about Energy Cost Reduction Services.
4. Ask for energy conservation services (Section 6 on the application).

TELL US ABOUT CHANGES!

The following changes should be reported within 10 days of the date they happen!

- *Income *Loss or addition of persons living with you *If you move
- *Type of fuel you use *Amount of rent you pay, if heat is included in your rent

Report any changes to your local LIHEAP/Fuel Assistance Office. If you have any questions, call 766-1206.

HOW DO I APPLY?

Application and changes to the application are accepted from **October 1 through March 31 or until program funds are used up, whichever comes first.**

Written proof or “verification” of your income is needed to be sure your eligibility and benefits are calculated correctly. If your application is missing information or verification, you need to send the missing information within 30 days of the date your application arrived in the office. Without all the verifications, your application will be denied.

Where to apply:

Your completed application must be reviewed by your LIHEAP interviewer. The worker may ask you to schedule an interview. If getting to the office for an interview causes a hardship, tell the worker so other arrangements can be made.

SECTION 1:

Fill in information about the person living in your home who is the “head of household”. Usually this should be the same person whose name is on the heating bill.

SECTION 2:

Fill in information about **ALL** the other people who live in your home, including people who are not related to you, or are temporary household members.

SECTION 3:

Report the current income of **ALL** the people living in your household. Proof is required for all income. You will need:

- ***Wage earners:** wage stub showing gross earnings and/or hourly rate.
- ***Self-employed persons:** current, complete income tax return.
- ***Social security, SSI, veterans benefits, workers compensation, interest, dividends, pensions, etc.:** a recent award letter, or copy of the monthly check, or record of automatic bank deposit.
- ***Unemployment compensation:** statement of eligibility and weekly benefit determination from Job Services.
- ***Regular contributions from friends/relatives:** signed statement from the individual.

SECTIONS 4 and 5:

Tell us about the home you live in and how it is heated. If your rent includes the cost of heat and you do not get any rent assistance, bring a copy of your lease or your rent receipts. If you do not know what type of fuel your home uses, check with your landlord.

4. HOUSING

Type of Home:

- ☐ House ☐ Mobile Home ☐ Duplex
☐ Four Plex ☐ Apartment Building (3 or more units)

How many bedrooms are on each floor? _____ Main Floor _____ Upstairs _____ Basement

Do you ☐ OWN or ☐ RENT your home?If you rent, does the rent include the cost of heating? ☐ YES ☐ NODo you receive any low income utility allowance? ☐ YES ☐ NO Amount \$ _____

Amount of rent you pay \$ _____ Housing Unit # _____

Landlord's name and address: _____

Ph: _____

5. HEATING

What is your main type of heat?

- ☐ Natural Gas ☐ Electricity ☐ Propane _____ % Left
☐ Fuel Oil _____ % Left ☐ Other

Supplier _____

City _____

Whose name is on the bill? _____

Besides providing heat for your house, does this source provide fuel and/or power for any other buildings, machinery, vehicles or any other uses? ☐ YES ☐ NO

If YES, please explain: _____

If you use a secondary type of heat for your residence, what is it? _____

Have you recently received a shut-off notice? ☐ YES ☐ NO If YES, when? _____Do you need fuel immediately? ☐ YES ☐ NO**6. CONSERVATION SERVICES**

Community Action Agencies will provide free information about energy savings and other conservation services to fuel assistance applicants who request these services. By checking "YES", you are granting permission for information about your income, fuel costs and heating supplier to be shared with these agencies.

Do you want to receive these services? ☐ YES ☐ NOWould you like to request that your furnace be cleaned? ☐ YES ☐ NO

Please contact your local Community Action Agency.

7. AUTHORIZATION TO RELEASE INFORMATION

I certify that the information given above is true, correct and complete to the best of my knowledge. I understand that knowingly giving false information may result in a fine, imprisonment or both, and that I must pay back any benefits received as a result of giving wrong information. I agree to notify the Fuel Assistance Office whenever there are changes in the above information, and to refund upon request the value of unused fuel purchased by LIHEAP.

I give my permission:

- to this agency to verify information affecting my energy assistance eligibility and benefits;
- to my energy supplier to provide to this agency information about my account and energy consumption.

Signature

Date

**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
SPIRIT LAKE NATION**

PLEASE READ THE FOLLOWING DECLARATIONS CAREFULLY:

- A. I have been informed of the eligibility requirements established for assistance under the Spirit Lake Nation.
- B. I declare that the information given by me in this application is true and correct, and that I will cooperate with Tribal and Federal personnel should my application become part of a Quality Control Review. I understand that because the Low-Income Home Energy assistance Program is federally funded, the penalty for providing false information shall not be more than a \$10,000 fine, or not more than five (5) year imprisonment, or both.
- C. I have been advised of my Right to Appeal any decision made with respect to the application. I understand that I have **60 days** from the date of notification to request a fair hearing on the denial of my application or the amount of assistance, and that I have **10 days** from the date of notification to request a fair hearing regarding any subsequent decrease in the amount or duration of assistance I am to receive.
- D. I declare that prior to signing the attached Low-Income Home Energy Assistance application form, I received in my primary language, appropriate verbal or written assistance in understanding all questions and conditions it contains and a telephone number I can call for more information or bilingual assistance.

(Signature of Applicant)

(Date)

(Signature of Intake Worker)

(Date)

FOR OFFICE USE ONLY:

Date Received:

Case No.

Income Verified: Yes _____ No _____

Application: Approved () Denied ()

Annual Household Income \$ _____ Reason for Denial _____

MAXIMUM ANNUAL LIHEAP BENEFIT \$ _____