



# PINOLEVILLE POMO NATION

500 B. Pinoleville Ukiah, CA 95482

phone: 707-463-1454 fax: 707-463-6601

## DHHS LIHEAP PROGRAM

### UNEMPLOYMENT/NON-INCOME SOURCES CERTIFICATION

I \_\_\_\_\_ DO HEREBY CERTIFY, THAT I AM AND HAVE BEEN UNEMPLOYED FOR AN EXTENDED PERIOD OF TIME.

IF EMPLOYED, I FUTHER CERTIFY THAT I AM ONLY IN TEMPORARY NEED OF ASSISTANCE FROM THE TRIBE. ADDITIONALLY, I CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OTHER SOURCES THAN LISTED IN THE SUBMITTED APPLICATION.

I ATTEST TO THE ABOVE FACTUAL STATEMENT AS BEING TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM SIGNING THIS STATEMENT UNDER THE PENALTY OF PERJURY.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATED

\_\_\_\_\_  
LIHEAP STAFF

\_\_\_\_\_  
DATE RECEIVED



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## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

I \_\_\_\_\_ reside at  
Last Name First Name MI

\_\_\_\_\_  
Street Address City State Zip

My utility bill is in the name of \_\_\_\_\_. He/She is my

\_\_\_\_\_ I am responsible for payment of the utility bill for the above address.

I certify that all information is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person I my household who has applied for energy assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Worker's Signature

\_\_\_\_\_  
Date



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## Low Income Home Energy Assistance Program

### **Fair Hearing**

IF YOU WISH TO APPEAL ANY DECISION REGARDING YOUR APPLICATION  
YOU HAVE THE FOLLOWING RIGHTS

1. All Fair Hearings will be handled in a reasonable promptness.
2. A preliminary meeting will be arranged with you and the coordinator, if this issue is not settled informally, a hearing will be set.
3. A hearing will be held upon your request no later than 60 days after receiving notice of payment or denial.
4. The time limit from the hearing request to formal action is 30 days after hearing, or prior to decreasing or denying payment.
5. You are permitted a representative to accompany you.
6. You are allowed to submit written or oral evidence.
7. You are allowed witnesses.
8. You are allowed interpreters.

I HAVE BEEN ADVISED OF MY RIGHT TO APPEAL

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Intake Officer

\_\_\_\_\_  
Date



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## Low Income Home Energy Assistance Program

### LIHEAP CHECKLIST

A checklist must accompany each intake form sent in for processing. If the information below does not accompany your intake form, your intake form will be returned to you and a delay in services will occur.

#### APPLICANT PLEASE DO NOT FILL OUT THIS FORM – OFFICE USE ONLY

- |     |   |                              |                             |                              |
|-----|---|------------------------------|-----------------------------|------------------------------|
| 1.  | Applicants Name   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2.  | Copy of Social Security card  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3.  | Age of Applicant  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4.  | List of House Hold Names  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 6.  | Copy of Driver's License or ID  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 7.  | Copy of Birth Certificate<br>(For 1 Yr. And Younger, or SS#)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 8.  | Handicap or Disabled, Legally Documented  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 9.  | Income Verification (Copy of Pay Stubs) For<br>All Household Members 18 Yrs or Older, or<br>Proof of No Income (TANF, Food Stamps, UIB,<br>Or SSI Printout) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 10. | Income Verification Release Form (If Needed)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 11. | Energy Related Crisis? (If Yes, A Shut Off Notice<br>Of 48, 24 Hour, Past due Notice, or New Account<br>Is Required)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 12. | Applicant's Signature   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 13. | Date Signed   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 14. | Type of Assistance Requested  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 15. | Tribal Certification  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 16. | Home Address or PO Box (Mailing Address)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 17. | Name of Utility Company And Account Number  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 18. | Original Bill (Copy Not Acceptable)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 19. | Fair Hearing Noticed Signed and Dated   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

#### WOOD RECIPIENTS ONLY

- |    |  |                              |                             |                              |
|----|--|------------------------------|-----------------------------|------------------------------|
| 1. | Have You Read The Wood Vendor's Receipt And<br>Instructions                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. | Wood Vendor's Name And Address   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. | Does The Tribe Have A Wood And Energy Supplier<br>Agreement with This Vendor | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |



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Date \_\_\_\_\_

Intake Worker \_\_\_\_\_

Applicant's Name/Head of Household      Male/Female      Social Security Number      Birth date      Age

Mailing Address      City      State      Zip      Phone Number

NUMBER IN HOUSEHOLD \_\_\_\_\_

List Every Household Member

Name	Birth date	Age	Social Security
------	------------	-----	-----------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

=====

Does Any Household Member Have A Handicap or Disability ?      Yes       No

If Yes Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Income Information

Is Anyone In The Household Receiving Any Of The Following

- |                      |  |                     |          |
|----------------------|--|---------------------|----------|
| 1. AFDC              | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes Enter Amount | \$ _____ |
| 2. SSI               | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes Enter Amount | \$ _____ |
| 3. Wages             | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes Enter Amount | \$ _____ |
| 4. Unemployment      | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes Enter Amount | \$ _____ |
| 5. Veterans Benefits | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes Enter Amount | \$ _____ |
| 6. Social Security   | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes Enter Amount | \$ _____ |
| 7. Other             | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes Enter Amount | \$ _____ |

Is This An Energy Related Crisis ? Yes  No

If Yes, Provide Certification For One of The Following

- \_\_\_\_\_ Interruption of Services
- \_\_\_\_\_ Shut Off Notice
- \_\_\_\_\_ Insufficient Funds For Delinquent Bill Over One Month
- \_\_\_\_\_ Insufficient Funds For Emergency Repairs

Describe: \_\_\_\_\_

I CERTIFY THAT ALL THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT WILLFULLY AND KNOWINGLY FALSIFYING INFORMATION MAY LEAD TO CRIMINAL PROSECUTION. I AM THE ONLY PERSON IN MY HOUSEHOLD WHO HAS APPLIED.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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Type Of Energy Assistance Requested:

Wood

Oil

Propane

Electricity

Vendor \_\_\_\_\_ Account Number \_\_\_\_\_