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 FURTHER 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
# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

I ___________________________________________ reside at

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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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 in my household who has applied for energy assistance.

Applicant’s Signature ______________________ Date ______________________

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

======================================================================

WOOD RECIPIENTS ONLY

1. Have You Read The Wood Vendor’s Receipt And
   Instructions
   Yes □  No □  N/A □
2. Wood Vendor’s Name And Address
   Yes □  No □  N/A □
3. Does The Tribe Have A Wood And Energy Supplier
   Agreement with This Vendor
   Yes □  No □  N/A □
Date ___________________
Intake Worker __________________________

<table>
<thead>
<tr>
<th>Applicant’s Name/Head of Household</th>
<th>Male/Female</th>
<th>Social Security Number</th>
<th>Birth date</th>
<th>Age</th>
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<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone Number</th>
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NUMBER IN HOUSEHOLD  ______

List Every Household Member

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<thead>
<tr>
<th>Name</th>
<th>Birth date</th>
<th>Age</th>
<th>Social Security</th>
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Does Any Household Member Have A Handicap or Disability?  
Yes ☐ No ☐

If Yes Explain _____________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
## Income Information

Is Anyone In The Household Receiving Any Of The Following

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>If Yes Enter Amount</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. AFDC</td>
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<td>2. SSI</td>
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<td>3. Wages</td>
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<td>4. Unemployment</td>
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<td>5. Veterans Benefits</td>
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<td>6. Social Security</td>
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<td>7. Other</td>
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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 ___________________
Type Of Energy Assistance Requested:
- Wood □
- Oil □
- Propane □
- Electricity □

Vendor ____________________________ Account Number ___________________________