



PINOLEVILLE POMO NATION

500 B. Pinoleville Ukiah, CA 95482
phone: 707-463-1454 fax: 707-463-6601

Intake Worker _____

Applicant's Name/Head of Household	Male/Female	Social Security Number	Birth date	Age
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Mailing Address	City	State	Zip	Phone Number
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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 _____

Do you: Own ____ or Rent ____

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

Income/Asset Information

Is Anyone In The Household Receiving Any Of The Following Assets:

- | | | | |
|--|--|---------------------|----------|
| 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. Savings, Checking accounts, Stocks, Bonds, Certificate of Deposit, Oil, Mining or Mineral Rights, and/or per capita payments of any kind? | | | |
| | 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

Type Of Energy Assistance Requested:

Wood ☐

Oil ☐

Propane ☐

Electricity ☐

Vendor _____

Account Number _____

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

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 <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
(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
All Household Members 18 Yrs or Older, or
Proof of No Income (TANF, Food Stamps, UIB,
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
Of 48, 24 Hour, Past due Notice, or New Account
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
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
Agreement with This Vendor | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Date _____