APPLICATION: LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Spirit Lake Tribe

WHAT IS LIHEAP?

The Low Income Home Energy Assistance Program (LIHEAP) helps pay part of the heating bills (meter read dates/deliveries) from October through May for the home you live in if .......

- You are a home owner or renter and you pay your own heat bills.
- Your rent payment includes your cost of heat and you are not receiving housing assistance.

Applications are accepted at your local LIHEAP Office from October 1 through May 31 or until program funds are used up, whichever comes first. If May 31 falls on a weekend or holiday, the deadline for signed applications will be the end of the first work day following May 31. Applications received June 1-September 30 are limited to Cooling (if available) or Emergency Home Energy Services only as the regular heating season has ended.

LIHEAP APPLICATION

Please read the application carefully. Answer each question completely with printed or typed answers. Attach another sheet if you need more space to answer questions.

Return the completed application to your local LIHEAP Office. Failure to answer each question and provide required verifications may delay processing of your application or result in a denied application. Applications that are not signed will be returned. You can contact your local LIHEAP Office if you have questions about completing this application, need help getting verifications or if you need a translator. A worker may ask to schedule an interview to better assist in the application process. Tell the worker if it causes a hardship for you to get to the office so other arrangements can be made.

All verifications should be submitted within 30 days from the date a completed application (completed, signed and dated) is received by your local human service zone office. You will be sent a “Notice of Action” letter within 45 days letting you know whether you qualify.

HEAD OF HOUSEHOLD

Fill in the 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone Number</td>
<td>Cell Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
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<tbody>
<tr>
<td>City</td>
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</tbody>
</table>

Have you lived at this physical address since September 1?

☐ Yes  ☐ No - Date you moved in:

<table>
<thead>
<tr>
<th>Mailing Address (if different than physical address)</th>
</tr>
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<tbody>
<tr>
<td>City</td>
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</tbody>
</table>
### HOUSEHOLD INFORMATION

**Federally Recognized Tribe**

Are you or any household member enrolled in a federally recognized Tribe?  
- Yes  
- No

**Disability**

Do you or any member of your household have a disability?  
- Yes  
- No  
If YES, who has the disability?

**Other Programs**

Indicate the following programs you currently applied to receive by using "X"  
- Health Care /Medicaid  
- Supplemental Nutrition Assistance Program (SNAP)  
- Housing Assistance  
- Temporary Assistance for Needy Families (TANF)  
- General Assistance  
- Child Care Assistance Program (CCAP)

**Head of Household or Spouse**

Does the head of household or spouse reside away from home for education or work purposes?  
- Yes  
- No

If YES:  
Specify:  
- Head of Household  
- Spouse  
Name  
Reason  
- Education  
- Work

Codes are listed below

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Relationship to You</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
<th>Last Grade Completed</th>
<th>School Status</th>
<th>US Citizen (yes or no)</th>
<th>Race</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
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</tbody>
</table>

**Examples of relationships to you:** spouse, mother, father, son, daughter, grandma, grandpa, aunt, uncle, cousin, brother, sister, stepmother, step-father, step-son, step-daughter, foster child, foster parent, niece, nephew, not related.

**Gender Codes:**  
- M - Male;  
- F - Female

**School Status codes:**  
- Full - Full time,  
- Part - Part time,  
- LP - Less than part time,  
- NIS - Not in School

**Race Codes:**  
- AL - American Indian/Alaska Native;  
- AP - Asian;  
- BL - Black/African American;  
- HP - Native Hawaiian/ Pacific Islander;  
- WH - White;  
- O - Other

**Ethnicity codes:**  
- NH - Non-Hispanic/Latino;  
- C - Cuban;  
- M - Mexican/Mexican American/Chicano;  
- P - Puerto Rican;  
- O - Other

*The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of your social security number (SSN) is voluntary and it is requested for identification purposes. Failure to disclose SSNs will not affect participation in the program but could possibly delay processing your request.*
INCOME
Proof is required for all income. You will need:
- **Wage earners**: Provide wage stubs showing gross earnings for last month and the current month. W2 forms are not acceptable
- **Self-employed person**: current, complete income tax return
- **Social Security, SSI, Veteran's benefits, worker's compensation, interest, dividends, pensions, rental income, etc.**: a recent award letter or copy of the monthly check, or record of automatic bank deposit
- **Unemployment compensation**: statement of eligibility from Job Service
- **Child support/alimony**: printout of payments received
- **Regular contributions from friends/relatives**: signed statement from the individual

List below the **GROSS** income of ALL PERSONS living in your home. Please attach proof of gross income for last month and current month. List anticipated income for next month.

ELIGIBILITY CANNOT BE DETERMINED WITHOUT THIS INFORMATION.

Wages/Tips: How often are you paid: Weekly (W), Bi-weekly (BW), Semi-Monthly (SM), Monthly (M), Other (O)

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Employer</th>
<th>How Often Paid</th>
<th>LAST MONTH Income</th>
<th>THIS MONTH Income</th>
<th>NEXT MONTH Income</th>
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<tbody>
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Comments about your income:
CHECK YES OR NO ON ALL QUESTIONS

**Income**: How often are you paid: Weekly (W), Bi-weekly (BW), Semi-Monthly (SM), Monthly (M), Other (O)

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Yes</th>
<th>No</th>
<th>Household Members(s)</th>
<th>How Often Paid</th>
<th>LAST MONTH Amount</th>
<th>THIS MONTH Amount</th>
<th>NEXT MONTH Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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<td>$</td>
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<tr>
<td>Social Security</td>
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<td>SSI</td>
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<tr>
<td>Pensions (including Veteran Benefits)</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td>Annuities</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td>Rental Income</td>
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<td></td>
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<td>$</td>
<td>$</td>
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<td>$</td>
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<tr>
<td>Interest income</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Spousal/Child Support</td>
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<td></td>
<td></td>
<td>$</td>
<td>$</td>
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<tr>
<td>Workers Compensation</td>
<td></td>
<td></td>
<td></td>
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<td>$</td>
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<tr>
<td>TANF</td>
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<td></td>
<td></td>
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<tr>
<td>Unemployment Benefit</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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</tr>
</tbody>
</table>

**Other Income** received or anticipated from last June 1st to next May 31st. Please provide verification

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Yes</th>
<th>No</th>
<th>Household Member(s)</th>
<th>Amount</th>
<th>Date Received</th>
<th>Date Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Employment (tax form)</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mineral Lease/Royalties</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lump Sum Payments</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Indian Monies</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribal Payments</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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<td></td>
</tr>
<tr>
<td>Trusts</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Payment</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly Payments</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inheritance</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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<td></td>
</tr>
</tbody>
</table>

If YES to Other Income, Specify
EXPENSES

Certain expenses paid since June 1 may be deducted from gross income. Allowable expenses include medical insurance premiums, dental/vision bills, medical bills, pharmacy costs, child care, nursing home insurance, child or spousal support, court-ordered wage garnishments, and representative payee fees. We cannot deduct any medical bills that will be paid or reimbursed by insurance or the Veteran's Administration.

For expenses to be allowed, ALL items in this section MUST be VERIFIED. You need to include proof of payment such as receipts or canceled checks.

Check YES or NO on ALL questions. List amounts paid since June 1.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Prescriptions and Expenses</td>
<td>Have you paid any medical expenses, including prescriptions?</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Health and Hospitalization Insurance</td>
<td>Have you paid any medical insurance premiums?</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Premiums</td>
<td>Have you received or intend to receive reimbursement for any of these medical expenses from insurance or from the Veteran's Administration?</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Child Care</td>
<td>Have you paid any child care costs that were not reimbursed by anyone?</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Spousal Support</td>
<td>Have you paid any spousal support?</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Child Support</td>
<td>Have you paid any child support?</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Garnishments</td>
<td>Have you had any court-ordered wage garnishments?</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Representative Payee</td>
<td>Have you paid any representative payee fees?</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

HOUSING

Type of Home:
- House
- Mobile Home
- Apartment Building (3 or more units)
- Duplex (2 units)

Does your furnace heat other units? [ ] Yes [ ] No

Is your living unit a "split level" or "split foyer"? [ ] Yes [ ] No

Number of Bedrooms:
- Main Floor
- Upstairs Floor
- Basement

Rent Status:
- Do you? [ ] Own [ ] Rent

IF YOU RENT, attach a copy of your lease and your most recent rent receipt.

Renters:
Renters whose heating costs are included as an undesignated portion of their rent payment and are not on low-income housing assistance or live in subsidized housing will receive a monthly LIHEAP renter payment during the LIHEAP heating season, generally mailed out the third Thursday of each month.

Does your rent include the cost of heating?
- [ ] Yes - My rent includes the cost of my heat.
- [ ] No - My rent does not include the cost of my heat, as I am responsible to pay the heat bills.

Low-income housing assistance/subsidized housing is when your rent is partially paid by an outside group.

Do you receive any low-income housing assistance or have subsidized rent? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Landlord's Name</th>
<th>Landlord's Telephone Number</th>
<th>Amount of rent you pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
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</tbody>
</table>
HEATING  (Attach a copy of your most recent heating bill)

Primary Heat Source:

What is your primary type of heat?

- [ ] Natural Gas
- [ ] Electricity
- [ ] Propane
- [ ] Fuel Oil
- [ ] Coal
- [ ] Other

Renters: Contact your landlord if you do not know the type of heat your home uses.

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, Explain

Automatic Payments (auto pay): the vendor automatically withdraws your monthly payment from your bank account.

Are you currently on auto pay?  

- [ ] Yes
- [ ] No

If YES, do you wish to stay on auto pay with your vendor?  

- [ ] Yes
- [ ] No

Have you recently received a shut-off notice?  

- [ ] Yes
- [ ] No

If YES, Shut-Off Date

Do you need fuel immediately?  

- [ ] Yes
- [ ] No

If YES, Approximate Remaining Quantity

Name of Primary Heating Supplier

City

Name on Primary Heating Account

Account Number on Primary Heating Bill

Secondary Heat Source:

LIHEAP may pay for a secondary heat source if it is used in a primary living space, such as a bedroom that is in use, a kitchen, a living room, or a family room. LIHEAP will not assist with payments for non-installed appliances such as space heaters or electric fireplaces.

Do you have a qualified secondary heating supplier?  

- [ ] Yes
- [ ] No

If YES, what type?  

- [ ] Natural Gas
- [ ] Electricity
- [ ] Propane
- [ ] Fuel Oil
- [ ] Coal
- [ ] Other

Name of Secondary Heating Supplier

City

Name on Secondary Heating Account

Account Number on Secondary Heating Bill

Utility Vendor (lights): Same as  

- [ ] Primary vendor or
- [ ] Secondary vendor as listed above or
- [ ] Lights vendor below

Name of Utility Vendor

City

Name on Utility Account

Account Number on Utility Bill

PRIOR MONTHS’ ELIGIBILITY AND REIMBURSEMENTS

LIHEAP may go back to determine eligibility for months prior to your application date within the current heating season. Each new heating season starts October 1. LIHEAP can assist with unpaid bills or reimburse you on the bills you have paid. YOU MUST PROVIDE VERIFICATION of your income, heating bill, and proof of payment (for reimbursement) for any months you are requesting assistance.

Please check the back months you are requesting assistance:

- [ ] October
- [ ] November
- [ ] December
- [ ] January
- [ ] February
- [ ] March
- [ ] April
WEATHERIZATION AND OTHER SERVICES
If approved, your signature on this application will permit the Community Action Agency in your area to contact you about weatherization. To prevent a heating crisis and promote safety and energy conservation the following services are available. If approved for LIHEAP and interested in weatherization, contact your local Community Action Agency.

- **Weatherization services** can help you save money on your energy costs with no cost or obligation to you.
- **Self-Reliance Program** can help you with budget counseling.
- **Energy Share** can help you with non-heat utility bills in emergency situations.
- **Furnace/Chimney cleaning** can help you with the cost to clean and tune your furnace/chimney. See the LIHEAP brochure for price limits and eligibility.

FURNACE / CHIMNEY CLEANING
The eligibility worker will not be able to choose the vendor. Please contact your local human service zone office if you need a list of vendors in your area.

<table>
<thead>
<tr>
<th>Would you like to have your furnace cleaned?</th>
<th>If YES, Specify Furnace Vendor</th>
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</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ No</td>
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</table>

<table>
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<tr>
<th>Would you like to have your chimney cleaned?</th>
<th>If YES, Specify Chimney Vendor</th>
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<tbody>
<tr>
<td>□ Yes</td>
<td>□ No</td>
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</table>

APPLICATIONS RECEIVED JUNE 1 - SEPTEMBER 30
What are you applying for since the heating season (October 1 - May 31) has ended?

- Cooling Assistance can assist with a cooling device (an air conditioner or a fan, as the need dictates), if a member of the household is elderly (60 years of age or older) or has a documented medical need and is income eligible for LIHEAP. Cooling Assistance does not cover the cost to cool your home, it only covers the cost of the cooling device.

- Emergency Home Energy Assistance can assist a household, when there is a home emergency that may threaten the life of your family.

YOUR RIGHT TO APPEAL
You have the right to appeal and request a fair hearing if you disagree with any decision made on your Heating Assistance or Emergency Assistance application, or if you do not receive a written notice of the action taken on your Heating Assistance application within 45 days from the date your application is received. **Your written request for a hearing must be received within 30 days of the date of the notice of action.** Contact your local LIHEAP Office for instructions on how to request an appeal or fair hearing.

NON-DISCRIMINATION POLICY
In accordance with Federal law, and U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) policy, Spirit Lake Tribe is prohibited from discriminating on the basis of race, color, sex, age, disability, national origin, and in some cases religion and political beliefs.
HOUSEHOLD REPORTING REQUIREMENTS
Report and provide verifications of these changes within 10 days of the date they occur to your local human service zone office. Failure to report timely may cause an overpayment and case closure.

Report if:
- you move to a different home
- you change your type of heat
- there is loss or addition of persons living with you
- your low-income housing assistance/rent subsidy status changes

READ, SIGN AND DATE THE APPLICATION
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 my local LIHEAP Office whenever I have changes that were mentioned in the household reporting requirements section, and to refund upon request the value of unused fuel purchased by LIHEAP.

I/We authorize:
- this agency to verify information affecting my/our energy assistance eligibility and benefits;
- any person having custody or knowledge of the information relating to me or other household members to disclose any requested information, including confidential information other than protected health information, to any authorized agent to the North Dakota Department of Human Services;
- Child Support to release any records of any child support payment that I/we have made or received;
- My/our heating and electric vendors to give data about my/our account, usage and billing information to the LIHEAP Office for the Energy Assistance Program, Weatherization Program, and Federal reporting.

I acknowledge that I have read the information regarding non-discrimination.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Worker Signature</td>
<td>Date</td>
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</tbody>
</table>

Community Options (if applicable)
| LIHEAP Outreach Worker Name | Location | Date |

The completed application MUST be signed, dated, and returned to your LIHEAP Office.

THIS APPLICATION WILL BE PROVIDED IN AN ALTERNATE FORMAT UPON REQUEST.