

**THE CONFEDERATED SALISH & KOOTENAI TRIBES  
DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
PO BOX 278, PABLO MT 59855  
406-675-2700 EXT. 1371 FAX: 406-275-2788**

**FY-20**

A Fiscal Year 2020 Heating Assistance LIHEAP application is enclosed. You must complete and submit all required documentation to ensure timely review of applications. The fuel season will be from **November 1 to May 31**, contingent upon availability of funds. After that date, applications will NOT be accepted and funding will NOT be available so please budget accordingly.

If you need assistance with your application, you can reach us at the LIHEAP office in Pablo.

**It is important to attach all income verification and complete the application in its entirety. The new fuel season does not start until November 1, 2019 so funds will not be available until after that date. Remember, it is your responsibility to pay your bill until your fuel vendor receives your LIHEAP check.**

**Your application will be processed within *Twenty (20) business days*, if it is complete with all requested documentation attached.**

**PLEASE DO NOT CALL THE OFFICE TO CHECK ON STATUS UNLESS THE (20) BUSINESS DAYS HAVE LAPSED.** Failure to provide all requested information will delay the eligibility determination of your application and your application will be returned to you.

**APPLICANT CHECKLIST: PLEASE FILL OUT FRONT AND BACK OF PAGES**

- \_\_\_\_\_ Proof of all monthly gross income for all household members over 18 yrs. old regardless of relationship (e.g. wage stub, food stamp verification, TANF, GA, workman's comp, unemployment, school funding).
- \_\_\_\_\_ Copy of your 2018 taxes
- \_\_\_\_\_ Copy of current award letter from Social Security, Supplemental Security Income, Retirement, and/or Veterans Benefits.
- \_\_\_\_\_ Copy of current bank statement
- \_\_\_\_\_ Copy of your most recent Mission Valley Power bill.
- \_\_\_\_\_ Letter of Service from your oil/propane vendor which includes your name, acct #, and balance
- \_\_\_\_\_ Copy of tribal enrollment verification and/or enrollment card for ALL HOUSEHOLD MEMBERS
- \_\_\_\_\_ Proof of residency; if power bill is in your name this will serve as residency verification
- \_\_\_\_\_ **Proof of Ownership of home or Rental Agreement**
- \_\_\_\_\_ Copy of Social Security Cards for ALL HOUSEHOLD MEMBERS
- \_\_\_\_\_ Copy of Birth Certificates for ALL HOUSEHOLD MEMBERS

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

# NOTICE

## *LIHEAP FAIR HEARING*

### APPEALS PROCESS:

- An applicant has the right to appeal and receive a fair hearing if the applicant believes a decision on their eligibility for LIHEAP benefits is incorrect or unreasonably delayed. A request for a fair hearing must be in writing and addressed to the LIHEAP Manager. The applicant is required to request a fair hearing within 10 working days of the mailing of the adverse action. A second appeal may be made to the DHRD Department Head if the issue is not resolved.
- All assistance denials will be written and mailed a letter to the address on record with the reason for denial. The applicant will write a letter of appeal within 10 days of the date of action. The first meeting will be held with LIHEAP staff and the affected applicant. A second appeal may be made to the DHRD Department Head if the issue is not resolved.
- Applicants are informed at the time of application of their rights. There is a section on the application advising applicants of their rights. There are flyers posted in the LIHEAP office as well and at the public hearing.

For more information, contact Kimberly Lawson, LIHEAP Program Manager, at (406) 675-2700 extension 1371.

**Confederated Salish & Kootenai Tribes**  
**Department of Human Resource Development Low-Income Home Energy Assistance Program**  
**(LIHEAP) FY 2020**

**Last Name, First MI**

**Mailing Address (where mail is received)**

**City**

**State/ZIP**

**Physical Address (where your home is actually located)**

**Phone (number where we can reach you)**

**Household Members**

**All fields are required or application is considered incomplete**

| Last Name, First, Middle initial | Relationship to Head of House | Social Security #<br><b>(Required)</b> | CSKT tribal ID # | Birthdate | Age | Disabled<br>Yes* / No |
|----------------------------------|-------------------------------|--|------------------|-----------|-----|-----------------------|
| 1.                               | Head/Self                     |  |                  |           |     |                       |
| 2.                               |                               |  |                  |           |     |                       |
| 3.                               |                               |  |                  |           |     |                       |
| 4.                               |                               |  |                  |           |     |                       |
| 5.                               |                               |  |                  |           |     |                       |
| 6.                               |                               |  |                  |           |     |                       |
| 7.                               |                               |  |                  |           |     |                       |
| 8.                               |                               |  |                  |           |     |                       |

**Provide requested information for all persons living in the house regardless of relationship. \*Proof of disability is required.**

(Disability defined @ 29 CFR 37.4)

**I am a 1<sup>st</sup> generation CSKT direct descendant (the head of house or spouse). My enrolled parents name is \_\_\_\_\_ . I have attached documentation proving this statement.**

**Office Use only:**

# in Household: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ Percentile \_\_\_\_\_ % Award Amount \$ \_\_\_\_\_

Vendor(s) 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

At least one household member who is: 60 Years or older \_\_\_\_\_ Disabled \_\_\_\_\_

Do you:  Own \$ \_\_\_\_\_  Rent \$ \_\_\_\_\_

Number of bedrooms:  One  Two  Three  Four or more

Do you receive rental assistance? \_\_\_\_\_  Tenant Based Assistance (Section 8)  SKHA Zero Rent  Other: \_\_\_\_\_

I rent from a landlord & therefore I am not required to complete the weatherization application.

**If you rent: provide name, address and telephone number of your landlord:**

\_\_\_\_\_  
Name/Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Are heating costs included in your rent payment? \_\_\_\_\_

**Housing Type: (Please check one)**

Rent -Double-Wide Trailer, House; SKHA house # is: \_\_\_\_\_

Rent -Apartment, Duplex, Tri-plex, Four-plex; SKHA unit # is: \_\_\_\_\_

Rent -Singlewide Trailer

If you **own** your home/trailer, has it been weatherized?  No  Yes If yes, when? \_\_\_\_\_ How many bedrooms? \_\_\_\_\_

If you **own** your home/trailer do you have safe and adequate heat source?  Yes  No. If no, describe problem: \_\_\_\_\_

**Type of Heating:**

**Which type of heat does your household use? (Please check all that apply)**

**Electricity** & my account number is \_\_\_\_\_ Account Holders Name: \_\_\_\_\_

If you are an MVP client are you on budget billing?  Yes  No

**You must provide a copy of your most recent electricity bill listing your current balance due and account number.**

**If you are 62 or older, you qualify for a MVP senior discount (November – March only).**

**Oil #1** (tank outdoors)  **Oil #2** (tank inside house)  **Propane**

Name of your Oil/Propane vendor? \_\_\_\_\_ Name & Acct # \_\_\_\_\_

**You must provide a copy of your most recent receipt for oil, propane or gas.**

**Wood (Wood can only be delivered to your home by a DHRD Elder Program contracted wood cutter.)**

What is your *primary* source of heat? \_\_\_\_\_

What is your *secondary* source of heat? \_\_\_\_\_

**GROSS INCOME (before taxes) of ALL Household Members**

**Sources of Income:**

Please check all sources of income that have been received by any member of your household within the past 6 months. Use the table below to specify Gross income for all household members. **Attach verification of income with the application** (Most recent check stubs). College students, please submit financial award letters. **If there is any time period of zero income, please complete the No Income Declaration and explain your means of survival.** (See page 5, no-income declaration)

TANF                       Self Employment                       Workers Comp                       Food Stamps                       Alimony                       GA  
 Unemployment                       Child Support                       SSI and/or Disability                       Interest Income                       Education Grants                       VA  
 Social Security                       Retirement Income                       Commodities                       Other – Describe here: \_\_\_\_\_

\$ \_\_\_\_\_ Wages **(NAME AND PHONE # OF EMPLOYER)** \_\_\_\_\_

| NAME | GROSS AMOUNT | HOW OFTEN RECEIVED (Monthly, weekly, bi-weekly, hours per week) | Source of income | TOTAL GROSS INCOME FOR THE MONTH |
|------|--------------|---|------------------|----------------------------------|
|      |              |   |                  |                                  |
|      |              |   |                  |                                  |
|      |              |   |                  |                                  |
|      |              |   |                  |                                  |
|      |              |   |                  |                                  |

Do you file Taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

I have attached a copy of my taxes \_\_\_\_\_

**No-Income Declaration**

For household member(s) **18 years or older**, declaring no income:

I/We, \_\_\_\_\_, do hereby declare that I/we have not received any Income for the month(s) of:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

The reason that I/we have had no income for the months listed above is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we have been meeting my/our basic living needs for rent, mortgage, food, child care, utilities, other in the following way:

Rent or mortgage: \_\_\_\_\_

Food: \_\_\_\_\_

Child Care: \_\_\_\_\_

Utilities: \_\_\_\_\_

Other: \_\_\_\_\_

I/we declare by signing this statement line that the information provided on this form is true and correct to the best of my/our Knowledge. I understand that because the Low Income Home Energy Assistance Program (LIHEAP) is Federally funded, the penalty for providing false information shall not be more than \$10,000.00 &/or not more than five (5) years imprisonment.

Date: \_\_\_\_\_ Signature(s) of above Person(s) declaring no income: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Head of Household: \_\_\_\_\_

**DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
ENERGY CRISIS APPLICATION**

**I am requesting assistance and I receive income from the following:**

|                         |  |
|-------------------------|--|
| 1. Employment           |  |
| 2. Cash Assistance      |  |
| 3. Social Security      |  |
| 4. SSI/SSDI             |  |
| 5. Pension/ disability  |  |
| 6. Unemployment         |  |
| 7. Child Support        |  |
| 8. Rental Income        |  |
| 9. General Assistance   |  |
| 10. VA                  |  |
| 11. Self-Employment     |  |
| 12. Foster Child care   |  |
| 13. Child Care Provider |  |
| 14. Other: _____        |  |

I am a member of the Confederated Salish & Kootenai Tribes & my enrollment # is \_\_\_\_\_  
I am a descendant & I have attached documentation as proof. \_\_\_\_\_

Type of assistance needed: \_\_\_\_\_

My fuel vendor is: \_\_\_\_\_ my main heat source is: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ MSG PHONE: \_\_\_\_\_ TOTAL NUMBER IN HOUSEHOLD: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bottom Section is for Office Use:**

**Energy Crisis Application**

Type of Emergency: \_\_\_\_\_

Have other resources been contacted? \_\_\_\_\_ Who? \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Action taken: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|         |         |
|---------|---------|
| Date:   | Amount: |
| Vendor: |         |
| Date:   | Amount: |
| Vendor: |         |





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Date: \_\_\_\_\_ Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_ Significant Other: \_\_\_\_\_

Date: \_\_\_\_\_ Adult Member: \_\_\_\_\_

Date: \_\_\_\_\_ Adult Member: \_\_\_\_\_

Date: \_\_\_\_\_ Adult Member: \_\_\_\_\_

# Applicant Rights and Responsibilities

(Please initial each line indicating that you have read the line)

## Rights:

- \_\_\_\_\_ After applications become available; I may complete application without delay.
- \_\_\_\_\_ To be determined eligible or ineligible within 20 business days of when application is *declared complete*.
- \_\_\_\_\_ To receive timely written notice of denial, reduction or termination of assistance.
- \_\_\_\_\_ To be informed of Fair Hearing process.
- \_\_\_\_\_ To have a confidential relationship.

## Responsibilities:

- \_\_\_\_\_ To complete all sections of application & turn in as one complete packet. Incomplete applications will not be accepted & returned to sender.
- \_\_\_\_\_ To provide proof of income; verification can be check stubs, financial award letters, etc. & is to be turned in with application.
- \_\_\_\_\_ To provide proof of fuel type and vendor & is to be turned in with application. **If you don't know ask your landlord.**
- \_\_\_\_\_ To report changes in mailing &/or physical address within 10 days.
- \_\_\_\_\_ To report changes in "Section 2 Household Members" when changes occur.
- \_\_\_\_\_ To make arrangements with fuel vendor to zero out delinquent accounts before the fuel season begins.
- \_\_\_\_\_ To deliver billing statements immediately.
- \_\_\_\_\_ To report suspected fraud to the DHRD department head.

**The eligibility determination** shall be based upon a completed application which records all information necessary to determine eligibility, which attests that the information on the application is true to the best of the applicant's knowledge and acknowledging that such information is subject to verification and that falsification of the application shall be grounds for the participants termination and may be subject to prosecution under law.

**Declaration:** I certify that the information that I have provided to the Department of Human Resource Development is true and complete to the best of my knowledge. I authorized LIHEAP to obtain information as necessary to verify application eligibility with regard to family and income status. I, also, declare that I am a United States citizen.

\_\_\_\_\_  
**Head of House Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse or Significant Other's Signature**

\_\_\_\_\_  
**Date**