COLVILLE CONFEDERATED TRIBES

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

P.O BOX 150, Nespelem, WA 99155

(509)634-2770 ~ **1-888-881- 7684** ~ Fax: (509)634-2795

Name-Head of Household	Age	Male/Female	Birthdate	Social Security Number
Name-Spouse, Live-In	Age	Male/Female	Birthdate	Social Security Number

MAILING ADDRESS: _____ CITY: _____ COUNTY: _____ ZIP: _____

HOME LOCATION: _____ PHONE/MESSAGE: _____

Directions (street, HUD#, etc)

PREVIOUS ADDRESS, IF YOU HAVE NOT LIVED HERE FOR OVER 1 YEAR? _____

IS HEAD OF HOUSEHOLD? (CHECK ONE) ☐ Colville Tribal Member ☐ Member of other Tribe ☐ Non-member

If non-indian, who in the household is a Tribal Member?

Name _____ Tribe _____ Tribal ID _____

LIST ALL OTHER HOUSEHOLD MEMBERS?

	Household Member's Name	Age	Birthdate	Social Security	Tribal Affiliation
1.					
2.					
3.					
4.					
5.					
6.					
7.					

- Are any members of your household "ONLY TEMPORARY RESIDENTS"? ☐ YES ☐ NO
- Are any members of your household "PERMANENTLY DISABLED"? ☐ YES ☐ NO
- Are there any members of your household "SEASONAL WORKER"? ☐ YES ☐ NO
- Does anyone in the household receive ☐ Food Stamps ☐ Tribal Food Commodities? ☐ Applying ☐ None
- **Has any member of your household applied or received Energy Assistance from another Tribe or program since October 1, 2012? ☐ YES ☐ NO, If yes, when and where?**

List the total Gross Income received by all members living in your household:

Household Member's Name	**Employer's Name**	**Gross Check**	**How Often Paid? Wkly, Bi-Wkly, Monthly**
		$_____	
		$_____	

_____	Unemployment (Hd of Household)	_____	AFDC, Welfare
_____	Unemployment (Spouse)	_____	Tribal TANF
_____	Child Support	_____	Education Loan, Grant
_____	Veterans Benefits	_____	Education Scholarship
_____	Social Security	_____	Self Employed
_____	SSI (Supplemental Security Income)	_____	Other
_____	Pension/Retirement	_____	No Income-complete Form NI
_____	Rental/Lease Income	_____	

Total income Past Month: $_____ or 3 months $_____ or past 12 months $_____

Explanation: _____

Do you pay monthly child care costs? ☐ Yes ☐ No If yes, how much $_____ (please attach verification)

DO YOU LIVE IN A ☐ HOUSE, ☐ TRAILER OR ☐ APARTMENT?

DO YOU ☐ RENT, ☐ OWN OR ☐ ARE YOU BUYING YOUR HOME?

IS THE COST OF HEATING YOUR HOME INCLUDED IN THE RENT? ☐ YES ☐ NO

WHAT TYPE(S) OF FUEL DO YOU USE TO HEAT YOUR HOME?
☐ OIL ☐ ELECTRIC ☐ WOOD ☐ WOOD PELLETS ☐ PROPANE

YOU ARE ONLY ELIGIBLE FOR ASSISTANCE FOR ONE TYPE OF FUEL: Choice of Fuel Type: _____

IF ELECTRIC, HAVE YOU RECEIVED A "NOTICE OF SERVICE DISCONNECTION? ☐ YES ☐ NO

Name and address of Heating Fuel Supplier (vendor): _____

WHOSE NAME is (or will be) on the fuel bill?: _____ Account#: _____

********COMPLETE THIS AREA*****ONLY IF YOU ARE REQUESTING FIREWOOD********

Is there a special length of wood needed for your woodstove? ☐ YES ☐ NO Size: _____
Estimate cords of firewood used to heat your home for the winter (4 months): _____
For delivery, directions to your home: _____

********COMPLETE THIS AREA*****ONLY IF YOU NEED ENERGY CRISIS INTERVENTION********
TYPE OF ENERGY CRISIS ASSISTANCE NEEDED? (CHECK ONLY ONE!!!)

☐ A. Minor repair(s) to your household heating source (explain below).
☐ B. Replacement/supplement to the present household heating source (explain below).
☐ C. Emergency electric heating bill payment (explain below the "Emergency").
☐ D. Emergency fuel delivery (☐ firewood, ☐ oil, ☐ wood pellets, ☐ propane) (check one)–less than 10 day supply on hand.

Explanation: _____

********COMPLETE THIS AREA*****ONLY IF YOU NEED WEATHERIZATION ASSISTANCE********

Have you applied or received WEATHERIZATION ASSISTANCE before? ☐ YES ☐ NO
If yes, when and from whom? _____

What type of small home Weatherization repairs are you interested in receiving? _____

Is your home a: ☐ Tribal Rental ☐ HUD Rental ☐ Neither

Size of mobile home or trailer? Length _____ Width _____

Directions to your home? _____

I declare that the information given me on this application for energy assistance is true and correct. I understand that because the Colville Tribe's Low Income Energy Assistance Program is federally funded, the penalty for providing false information shall be not more than a $10,000.00 fine or not more than 5 years imprisonment or both.

I give my consent to any investigation to verify or confirm the information I have given and I also authorize the utility/fuel supplier to release any information pertinent to my fuel costs and consumption.

I understand that I have the right to appeal any decision made on my application within 10 working days by having my case reviewed with the LIHEAP Manager. Then if I am still dissatisfied, a formal hearing will be requested within 10 working days of the LIHEAP Manager's decision in writing to the Colville Tribe's Health & Human Services Director, PO Box 150, Nespelem, WA 99155.

_____ _____

Applicant's Signature **Date**

The following must be submitted with your application before it can be processed.
Incomplete information will result in your application being held in a pending status.

1. ☐ **VERIFICATION (proof) OF INCOME: Examples: Last two pay stubs, unemployment stubs, W-2 Forms, Income Tax Return forms, bank statements for direct deposits, award letters for Social Security, Supplemental Security Income, AFDC, Welfare, DSHS-TANF, Veteran's Benefits, etc.**
2. ☐ **FUEL/ELECTRIC BILLING: showing the account number and the name account is registered under.**
3. ☐ **RENTAL AGREEMENT OR RECEIPT: Only needed if you are requesting assistance with a deposit to open a new account.**
4. ☐ **CHILD CARE COSTS: Up to $500 may be deducted from your total Gross Monthly Income. Child Care costs must be verified by: Receipts (check copies), a note from Childcare Provider or receipts on child support payments.**
5. [ ] **Verification of Tribal Enrollment: ID Card, C.I.B. Certification of Indian Blood.**

DO NOT WRITE IN THIS SECTION
FOR CERTIFICATION WORKER ONLY!!

DATE RECEIVED:_____ **Date to be Reviewed:**_____ **Date Reviewed:**_____

HEATING ASSISTANCE	WEATHERIZATION	ENERGY CRISIS
DECISION DATE:_____	DECISION DATE:_____	DECISION DATE:_____
MADE BY WHOM:_____	MADE BY WHOM:_____	MADE BY WHOM:_____
{ } Approved { } Denied	{ } Approved { } Denied	{ } Approved { } Denied
If denied, why?_____	If denied, why?_____	If denied, why?_____
_____	_____	_____

FOR MORE INFORMATION PLEASE CONTACT
DOROTHY PALMER, PROGRAM MANAGER ~ (509)634-2769 OR (509)634-2770

The Confederated Tribes of the Colville Reservation
P.O. Box 150, Nespelem, WA 99155 (509) 634-2770
FAX: (509) 634-2795

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NO – INCOME STATEMENT

I, _____, do hereby declare that (please underline one) neither I nor Any member of my HOUSEHOLD has received any type of income for the month of _____ 2011.

I certify that the information contained in this NO – INCOME DECLARATION is complete and accurate to the best of my knowledge. I understand that I am signing the NO – INCOME DECLARATION under penalty of assistance for which I am not eligible.

I also give my consent to any investigation to verify or confirm the information I am giving.

My Basic living needs (Shelter, Food, home heating bills, transportation) have been met (Paid For) during the above month by; (GIVE A BRIEF EXPLANATION HOW THESE NEEDS HAVE BEEN MET)

SHELTER:

_____

_____

FOOD:

_____

_____

HOME HEATING:

_____

_____

TRANSPORTATION: (NOTE – HOW HAVE YOU BEEN PURCHASING GAS/ OIL FOR YOUR VEHICLE?)

_____

_____

_____ _____

APPLICANT' S SIGNATURE DATE SIGNED

_____ _____

LIHEAP REPRESENTATIVE DATE SIGNED