



**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
NORTHERN CHEYENNE TRIBE
Fiscal Year 2014 LIHEAP Applications**



Application No. _____

Applicant Information:

Applicant (Head of Household):			
Name of Spouse-Significant Other:			
Address:		County:	
Tribe:	Enrollment #:	Male:	Female:
Phone Number/Message Number:			

List ALL Household Members (Including Self):

Full Name:	Date of Birth	Social Security #	Is S.S. Card in the File?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Note: Your Social Security Numbers that are listed above may be audited by the State of Montana LIHEAP Office. Please bring in your actual Social Security Cards for us to copy and place in your file (Per GAO-10-621 Report on LIHEAP Fraud Prevention Controls).

List ALL Household Member(s) who are Employed, Employer Addresses & Contact Telephone Number(s):

Employer Name:	Employer Address:	Contact Number(s):
1		
2		
3		
4		

Note: Home visits may be made to see if the above is not reported by the client/applicant. You need to bring in a copy of all income verification for our records. These records may be audited under the Tribe's OMB Circular A-133 Single Audit Act

Household Member(s) Base Income (Please list below) and how often you receive the income (example: Weekly, Bi-Weekly, Monthly, Bi-Monthly, Annually, etc.):

Wages and Salary: \$ /	Taxable Per Capita: \$ /	Railroad Retirement: \$ /	Interest & Dividends: \$ /
Tips: \$ /	Unemployment Comp: \$ /	Other Pensions: \$ /	Self Employment: \$ /
Commissions: \$ /	TANF: \$ /	Workers Comp: \$ /	Individual Indian Monies: \$ /
Employment Bonuses: \$ /	Veterans Benefits (VA): \$ /	Union Compensation: \$ /	Retirement: \$ /
Sick Leave Pay: \$ /	SSI Payments: \$ /	Child Support: \$ /	Family Indep in Mt (FAIM): \$ /
Disability Pay: \$ /	General Assistance: \$ /	Alimony: \$ /	Other (List): \$ /
Lease Money: \$ /	Social Security (SSA): \$ /	Inheritances: \$ /	Other (List): \$ /

Note: This income will be verified and calculated by the LIHEAP Staff.

Household Member(s) excluded Income (Income not counted towards your LIHEAP Eligibility):

Value of Food Coupons/Food Stamps:\$	Value of Food Commodities: \$	Transportation and Attendant Care costs:\$
WIC (Women, Infant & Children):\$	National School Lunch Program: \$	Spina Bifida Benefit Payments: \$
Per Capita Payments (Trust): \$	Basic Ed Opportunity Grant (BEOG):\$	Supplemental Ed Opportunity Grant (SEOG):\$
State Student Incentive Grant (SSIG):	National Direct Student Loan: \$	Guaranteed Student Loan: \$

Living Arrangements (Please circle):

Do you Own your Home?	Yes	No	Do your Rent or Lease your Home?	Yes	No
If you rent, Name of Land Lord:			Land Lord Address:		
Type of Home or House?					
Private:	Tribal:	Mobile Home:	NCTHA:	House:	Apartment:
House Number:	Color:	Physical Location:			No. of Bedrooms:

Weatherization Information

Has your home been weatherized in the past 10 years?	Yes	No
If Yes, Name of Program or Business that performed the Work?		

Energy and Fuel Supplier Information:

Please check all types of energy your company provides:						
Electric:	Fuel Oil:	Coal:	Natural Gas:	Kerosene:	Propane / Bottle Gas:	Wood/Other:
Name of Supplier:			Address:		Current Meter Reading:	
What is your secondary Source Supplier:			Address:		Current Meter Reading:	
If you use propane, Do you Rent?	Yes	No	Do You own your own Tank?	Yes	No	
Name of Propane Supplier:			Address:		Current Meter Reading:	
How many gallons does your propane tank hold?						

Certification(s):

I certify that the information on this **application is true and correct to the best of my knowledge**. I will provide written **proof** of my **income**. I authorize the Low Income Home Energy Assistance Program to obtain information necessary to verify any of the above statements. The PENALTIES for false information shall not be more than \$10,000.00 or not more than (5) Five years of imprisonment or both. Proof of statements made on this APPLICATION must be provided before consideration is made for eligibility for LIHEAP Assistance. If you are deemed eligible or ineligible, you will be notified within (30) Thirty days of the date of your application. If you are deemed ineligible, you may appeal the decision to the LIHEAP Program Director with (10) Ten working days after being notified.

CLIENT/APPLICANT SIGNATURE:

Client/Applicant Signature :	Date:
------------------------------	-------

LIHEAP PROGRAM DIRECTOR

Authorized Signature (Director):	Date:
Position/Written Name: Letha Whitewolf - LIHEAP Program Director	Company Name: Northern Cheyenne LIHEAP Program

DISTRIBUTION: NCT LIHEAP File (Original) If asked for: Audit Copy
 If asked for, Client/Applicant Copy Other