

**INTER-TRIBAL COUNCIL OF MICHIGAN, INC.
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)
FY 2014 APPLICATION**

Name:		Age:	Date:
Address:		Birthdate:	Social Security #:
City/Town:	State:	Zip Code:	Phone #:

TRIBAL MEMBER OF:

Bay Mills Indian Community Lac Vieux Desert Saginaw Chippewa Tribe
 Hannahville Indian Community Little Traverse Band Huron Potawatomi Tribe
 Gun Lake Tribe

OTHER HOUSEHOLD MEMBERS:

	Name	Age	Birthdate	Social Security #
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Have you applied for assistance this year (October 1, 2013-September 30, 2014)? Yes No

(For office use only)

INCOME: Documentation must be provided for all income.

Name	Income Source Code	Past 30 Days Income	X 12 = Annualized Income

INCOME SOURCE CODES: (Please Circle)

1. SS 2. Wages 3. SSI 4. Self Employment 5. Unemployment
 6. DHS 7. GA 8. Pension/Retirement 9. Other _____

Are any household members disabled? _____ If yes, how many? _____

Do you own or rent your home? _____ If you rent, is heat included? _____

What types of fuel do you use to heat your home? Check all that apply.

1. Oil _____ 3. Natural Gas _____ 5. Electric _____ 7. Other _____

2. Wood _____ 4. Propane _____ 6. Coal _____

YOU MUST PUT ACCOUNT NUMBER AND VENDORS ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.

What vendor do you want as the Endorser? _____

Address: _____

Acct.#: _____

*I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.

*I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.

*I understand that failure to provide all necessary information and documentation can result in denial of my application.

*I hereby authorize the release of information by the appropriate agencies to the Inter-Tribal Council of Mich. for the purpose of verifying information needed to establish eligibility for the program.

*I understand that I may request a hearing if I disagree with action taken on this application.

*I understand that I have a right to a hearing if I do not receive a decision notice within that time.

*I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.

APPLICANTS SIGNATURE

DATE

LIEAP WORKER SIGNATURE

DATE

REFERRALS: Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company.

Contact them for more information on:

-Weatherization

- Emergency Needs

- Utility Shut-off Protection

- Home Heating Tax Credit

- Energy Audit

***I understand that a decision will be made concerning my application, and a decision notice will be issued within ten (10) working days upon receipt of application by Program Manager.**

“0” Income Form

To determine your eligibility for the Low Income Energy Assistance Program you must furnish proof of all household income for the past 30 days prior to the date of your application.

If you had “0” income for the past 30 days, you must answer the following:

1. What was your income for the past three (3) months? (Amount, Source of income for all household members 18 years of age or older)

Name	Source	Amount

2. If you have utility bills, how do you pay them?

3. How do you pay your rent?

4. How do you get food for your household?

I hereby certify that the information detailed above represents my household’s circumstances. The income listed is the total household income for each household member 18 years of age or older.

Signature

Date

Outreach Worker/Program Director

Date