



Pueblo of Jemez
Low-Income Home Energy Assistance Program
 129A Canal Street, P.O. Box 279 • Jemez Pueblo • New Mexico • 87024
 (575) 834-9168 • Fax (575) 834-0238

Application Form

I. Household Composition

A. Applicant/Head of Household

Last Name _____ First Name _____

B. Address (Write in your current physical and mailing address.)

Street Address _____ Telephone # _____

PO Box _____ City _____ State _____ Zip Code _____

C. List every household member (including head of household) and information about them.

| Name (First and Last) | Social Security Number | Date of Birth | Sex M=Male F=Female | E=Employed SE=Self Empl. U=Unemployed S=Student | Disabled? |
|-----------------------|------------------------|---------------|---------------------------|--|----------------|
| (You) | | | | | () Yes () NO |
| | | | | | () Yes () NO |
| | | | | | () Yes () NO |
| | | | | | () Yes () NO |
| | | | | | () Yes () NO |
| | | | | | () Yes () NO |
| | | | | | () Yes () NO |

D. Does any household member receive Commodities, SNAP Benefits, Medicaid, or Cash Assistance like TANF, General Assistance, or SSI? Yes () No ()

II. Household Income

Attach proof of income for the last 30 days.

A. Source of household income (check all that apply)

- () Employment () Cash Assistance () Pensions (Retirement)
- () Unemployment () Veterans () Workers Compensation
- () Social Security/SSI () Military () Child Support
- () SNAP Benefits () Other _____

B. List income information for all household members

| Person with Income | Income From | Amount Before Taxes | How Often? Weekly, Biweekly, Monthly, Semi Monthly |
|--------------------|-------------|---------------------|---|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

III. Living Arrangements

- A. Do you own your home? () Yes () No B. Living with others (rent free)? () Yes () No
 C. Rent your home? () Yes () No D. If yes, Landlord's Name: _____
 E. If you rent, is this energy bill included in your rent payment? () Yes () No

IV. Fuel Type & Supplier

A. Which of the following do you use as your primary source of heat? Please Select ONE

- () Electricity () Propane () Wood

Name of Supplier/Vendor _____
 Vendor Telephone Number _____

B. Whose name is on the utility bill? _____

C. Account Number _____

B. How much was your highest monthly bill in the last 12 months? \$ _____

Please provide a copy of your bill or receipts for fuel. If eligible will send your payment to your heating provider.

V. Declarations

You must sign this form to make this application valid. Your application will not be processed unless signed.

- A. I have been informed of the eligibility requirements established for assistance under the Pueblo of Jemez for the Low Income Home Energy Assistance Program.
- B. I understand It is my responsibility to give proof of things I report to Jemez LIHEAP and that my application will not be processed until all proof required is turned in.
- C. I declare that the information given by me in this application is true and correct. I understand that because the Low Income Energy Home 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.
- D. I have been advised of my right to appeal any decision made with respect to the application. I understand that I have 30 days from the date of notification to request a fair hearing regarding any subsequent decrease in the amount or duration of assistance I am to receive. I also have 30 days, from the date the application was turned in, to request a fair hearing if my application is not acted on in a timely manner without being properly notified as to the reason for the delay.
- E. I declare that prior to signing the attached Low Income Home Energy Assistance application form, I received in my primary language, appropriate verbal or written assistance in understanding all questions and conditions it contains and a telephone number I can call for more information or bilingual assistance.

Sign Here **X** _____ Date _____

OFFICE USE ONLY

| | | | |
|----------------------|--|-------------|--|
| LIHEAP Intake Worker | | Date Rec'vd | |
|----------------------|--|-------------|--|

Application Complete () Yes () No Note: _____

Jemez Health and Human Services

Low Income Home Energy Assistance Program Applicant Information

| | |
|-------------------------------------|---|
| Special Needs Information | <p>If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the Jemez Low Income Home Energy Assistance Program office at (575) 834-9168. The program requires at least 10 days advance notice to provide requested alternative formats and special accommodations.</p> |
| Your Civil Rights | <p>The JHHS LIHEAP is an equal opportunity program catering to the needs of the Pueblo of Jemez tribal members residing within the Pueblo of Jemez reservation boundaries. If you believe you have been treated unfairly because of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, and reprisal, you may file a complaint. Complaints of discrimination may be filed with the Jemez Health and Human Services Low Income Home Energy Assistance Program office.</p> |
| Your Privacy | <p>The information you give to the LIHEAP will be used to determine whether your household is eligible or continues to be eligible to take part in our program. This information will also be used to make sure that you meet program rules and help us to manage the program.</p> <p>This information may be given to other Federal and State Agencies for official examination.</p> <p>If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all social security numbers, may be given to Federal and State Agencies, and administrative action may be necessary to collect on the claim</p> <p>Providing the requested information, including social security numbers of each household member is voluntary. However, each person applying for assistance must give a social security number or it will result in the denial of program benefits to each individual applicant failing to give a social security number therefore resulting in denial of benefits for the household. Any social security numbers given will be used and disclosed in the same manner as social security numbers of eligible household members.</p> |
| Fair Hearing Rights | <p>If you do not agree with a decision made on any matter concerning your household's participation in this program, you and/or your representative, may ask for a fair hearing. A fair hearing may be requested either orally or in writing, within 30 days of the date a notice of a decision on your case was mailed. You will have the right to examine, prior to the hearing, your case file, and any documents used in the determination of the appealed action. Yourself, another household member, or person you have asked to represent your household, such as a friend or relative, may present your case.</p> |
| Fraud | <p>The Pueblo of Jemez participates in the WETIP program. To report fraud utilizing the WETIP program please call 1-800-US-FRAUD. To report fraud directly to the Senior Citizens Program please call (575) 834-9168.</p> |
| If You Need More Information | <p>Call 575-834-9168</p> |