Low Income Home Energy Assistance Application

Applicant Name/Tribal Member _____ M ☐ F ☐ Social Security No. ___ – ___ – ___ Birthdate ___ / ___ / ___

Applicant Street Address _____ City _____ Zip _____ Phone ( )

Mailing Address (if different from above) _____ City _____ Zip _____ Enrolled-Tribe

Number of dependents claimed in household (including yourself)
Circle applicable: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Dependents Name (s)	Social Security No.	Birthdate	Age	Relationship	Disabled

Method of Heating/Cooling Home: (Circle Applicable) Electric Gas Propane Wood Other _____

Name of Utility Company _____ (Original Utility Bill Required)

I understand that **LIHEAP** assessment certification is for **LIHEAP** eligibility purposes only. I certify that all information is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. To my knowledge I am the only person in my household who has applied for **LIHEAP** funds through **RSBCIH, Inc.** The bill is in my name or _____ Relationship _____.

Applicant Signature _____ Date _____

I have received money from another agency that receives **LIHEAP** Funds: (Circle Applicable) Y N

I have received a copy of the **LIHEAP** Flyer: (Circle Applicable) Y N

Is there income in the household? (Circle Applicable) Y N (Six weeks income verification required)

If YES, what type? Wages SSI Unemployment Veteran's Benefits Social Security Other _____

Affidavit of no income – Please read carefully before you sign: *I hereby certify that I have no income in my household for the month previous to the date and/or currently. I am supplying this information as true and correct for the purposes of participating in the* **LIHEAP** *program through* ***Riverside-San Bernardino County Indian Health, Inc.*** *I am aware that willfully and knowingly falsifying information may lead to criminal prosecution, (45 CFR Chapter II, Part 260.350 and 160.354).*

Applicant Signature _____ Date _____

As a **RSBCIH, Inc.** participant, I hereby authorize **RSBCIH, Inc.** to make payment on my account with

Utility Company _____ Applicant Signature _____ Date _____

OFFICE USE ONLY

TYPE OF ENERGY ASSISTANCE (Circle Applicable) REGULAR CRISIS WEATHERIZATION SHUT-OFF

GROSS MONTHLY INCOME _____ MAXIMUM ALLOWABLE _____ CURRENT PAYMENT _____