

**APPLICATION: HEATING ASSISTANCE PROGRAM**

Spirit Lake Tribe
P.O. Box 359, Fort Totten, ND

<input type="checkbox"/>	Propane	_____
<input type="checkbox"/>	Elec.	_____
<input type="checkbox"/>	Fuel Oil	_____
For Office Use Only		

Applications, changes to applications and verifications are accepted from October 1 through March 31, or until program funds run out, whichever comes first. If March 31 falls on a weekend, the deadline will be the end of the first work day following March 31.

Complete Section 1 for the Head of the Household. Age, sex, disability and race questions in Sections 1 and 2 are for reporting purposes only.

1. HEAD OF HOUSEHOLD

Name		Enroll #	
Social Security Number - - -		Phone () -	
911 Physical Address (Location of Home)			
Mailing Address		County	
City	State	Zip	
Have you lived at this address since September 1? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If NO, date you moved in: _____			
Age	Date of Birth / /	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other		Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you need a transiator? YES <input type="checkbox"/> NO <input type="checkbox"/>			

2. HOUSEHOLD MEMBERS: (List ALL OTHER PERSONS living in your home, including those not related to you.)

	NAME	DATE of BIRTH	AGE	Social Security No.
1		/ /		- -
2		/ /		- -
3		/ /		- -
4		/ /		- -
5		/ /		- -
6		/ /		- -
7		/ /		- -
8		/ /		- -

Is any member of your household handicapped? YES NO
If YES, give their first name and age

Name	Age
Nature of Disability: _____	

NOTE: WRITTEN PROOF OF THE ITEMS LISTED BELOW IS NECESSARY BEFORE YOUR APPLICATION WILL BE PROCESSED.

3. INCOME List below the **GROSS** income of **ALL PERSONS** living in your home.

***** CHECK YES OR NO ON ALL QUESTIONS *****

YES	NO	Source of Income	LAST MONTH (Verification Required)		THIS MONTH (Verification Required)		NEXT MONTH (Anticipated)	
			Amount	How Often	Amount	How Often	Amount	How Often
<input type="checkbox"/>	<input type="checkbox"/>	Wages			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	SSI			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Annuity			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Interest Income			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Child Support			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	AFDC Grant			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Self Employment			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Comp.			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Lease Income			\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Other			\$		\$	

List any other income you receive during the year that is not listed above.		
Source	Amount	When

List names, addresses, phone numbers of employers:

4. HOUSING Type of Home: House Mobile Home Duplex
 Four Plex Apartment Building (3 or more units)

How many bedrooms are on each floor? _____ Main Floor _____ Upstairs _____ Basement

Do you OWN or RENT your home?
 If you rent, does the rent include the cost of heating? YES NO
 Do you receive any low income utility allowance? YES NO Amount \$ _____
 Amount of rent you pay \$ _____ Housing Unit # _____
 Landlord's name and address: _____
 Ph: _____

5. HEATING

What is your main type of heat? Natural Gas Electricity Propane _____ % Left
 Fuel Oil _____ % Left Other

Supplier _____ City _____
 Whose name is on the bill? _____
 Besides providing heat for your house, does this source provide fuel and/or power for any other buildings, machinery, vehicles or any other uses? YES NO
 If YES, please explain: _____
 If you use a secondary type of heat for your residence, what is it? _____
 Have you recently received a shut-off notice? YES NO If YES, when? _____
 Do you need fuel immediately? YES NO

6. CONSERVATION SERVICES Community Action Agencies will provide free information about energy savings and other conservation services to fuel assistance applicants who request these services. By checking "YES", you are granting permission for information about your income, fuel costs and heating supplier to be shared with these agencies.

Do you want to receive these services? YES NO

Would you like to request that your furnace be cleaned? YES NO
 Please contact your local Community Action Agency.

7. AUTHORIZATION TO RELEASE INFORMATION

I certify that the information given above is true, correct and complete to the best of my knowledge. I understand that knowingly giving false information may result in a fine, imprisonment or both, and that I must pay back any benefits received as a result of giving wrong information. I agree to notify the Fuel Assistance Office whenever there are changes in the above information, and to refund upon request the value of unused fuel purchased by LIHEAP.

I give my permission:

- to this agency to verify information affecting my energy assistance eligibility and benefits;
- to my energy supplier to provide to this agency information about my account and energy consumption.

Signature	Date
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