

**COLVILLE CONFEDERATED TRIBES
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

P.O BOX 150, Nespelem, WA 99155
(509)634-2770 ~ **1-888-881-7684** ~ Fax: (509)634-2795

Name-Head of Household _____ Age _____ Male/Female _____ Birthdate _____ Social Security Number _____

Name-Spouse, Live-In _____ Age _____ Male/Female _____ Birthdate _____ Social Security Number _____

MAILING ADDRESS: _____ CITY: _____ COUNTY: _____ ZIP: _____

HOME LOCATION: _____ PHONE/MESSAGE: _____
Directions (street, HUD#, etc)

PREVIOUS ADDRESS, IF YOU HAVE NOT LIVED HERE FOR OVER 1 YEAR? _____

IS HEAD OF HOUSEHOLD? (CHECK ONE) Colville Tribal Member Member of other Tribe Non-member

If non-indian, who in the household is a Tribal Member?

Name _____ Tribe _____ Tribal ID _____

LIST ALL OTHER HOUSEHOLD MEMBERS?

	Household Member's Name	Age	Birthdate	Social Security	Tribal Affiliation
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

- ❖ Are any members of your household "ONLY TEMPORARY RESIDENTS"? YES NO
- ❖ Are any members of your household "PERMANENTLY DISABLED"? YES NO
- ❖ Are there any members of your household "SEASONAL WORKER"? YES NO
- ❖ Does anyone in the household receive Food Stamps Tribal Food Commodities? Applying None
- ❖ **Has any member of your household applied or received Energy Assistance from another Tribe or program since October 1, 2012? YES NO, If yes, when and where?**

List the total Gross Income received by all members living in your household:		How Often Paid?	
Household Member's Name	Employer's Name	Gross Check	Wkly, Bi-Wkly, Monthly
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	Unemployment (Hd of Household)	_____	AFDC, Welfare
_____	Unemployment (Spouse)	_____	Tribal TANF
_____	Child Support	_____	Education Loan, Grant
_____	Veterans Benefits	_____	Education Scholarship
_____	Social Security	_____	Self Employed
_____	SSI (Supplemental Security Income)	_____	Other
_____	Pension/Retirement	_____	No Income-complete Form NI
_____	Rental/Lease Income	_____	_____
Total income Past Month: \$ _____ or 3 months \$ _____ or past 12 months \$ _____			
Explanation: _____			
Do you pay monthly child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much \$ _____ (please attach verification)			

DO YOU LIVE IN A HOUSE, TRAILER OR APARTMENT?

DO YOU RENT, OWN OR ARE YOU BUYING YOUR HOME?

IS THE COST OF HEATING YOUR HOME INCLUDED IN THE RENT? YES NO

WHAT TYPE(S) OF FUEL DO YOU USE TO HEAT YOUR HOME?

OIL ELECTRIC WOOD WOOD PELLETS PROPANE

YOU ARE ONLY ELIGIBLE FOR ASSISTANCE FOR ONE TYPE OF FUEL: Choice of Fuel Type: _____

IF ELECTRIC, HAVE YOU RECEIVED A "NOTICE OF SERVICE DISCONNECTION"? YES NO

Name and address of Heating Fuel Supplier (vendor): _____

WHOSE NAME is (or will be) on the fuel bill?: _____ Account#: _____

*******COMPLETE THIS AREA*****ONLY IF YOU ARE REQUESTING FIREWOOD*******

Is there a special length of wood needed for your woodstove? YES NO Size: _____

Estimate cords of firewood used to heat your home for the winter (4 months): _____

For delivery, directions to your home: _____

*******COMPLETE THIS AREA*****ONLY IF YOU NEED ENERGY CRISIS INTERVENTION*******
TYPE OF ENERGY CRISIS ASSISTANCE NEEDED? (CHECK ONLY ONE!!!)

- A. Minor repair(s) to your household heating source (explain below).
- B. Replacement/supplement to the present household heating source (explain below).
- C. Emergency electric heating bill payment (explain below the "Emergency").
- D. Emergency fuel delivery (firewood, oil, wood pellets, propane) (check one)—less than 10 day supply on hand.

Explanation: _____

*******COMPLETE THIS AREA*****ONLY IF YOU NEED WEATHERIZATION ASSISTANCE*******

Have you applied or received WEATHERIZATION ASSISTANCE before? YES NO

If yes, when and from whom? _____

What type of small home Weatherization repairs are you interested in receiving? _____

Is your home a: Tribal Rental HUD Rental Neither

Size of mobile home or trailer? Length _____ Width _____

Directions to your home? _____

I declare that the information given me on this application for energy assistance is true and correct. I understand that because the Colville Tribe's Low Income Energy 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.

I give my consent to any investigation to verify or confirm the information I have given and I also authorize the utility/fuel supplier to release any information pertinent to my fuel costs and consumption.

I understand that I have the right to appeal any decision made on my application within 10 working days by having my case reviewed with the LIHEAP Manager. Then if I am still dissatisfied, a formal hearing will be requested within 10 working days of the LIHEAP Manager's decision in writing to the Colville Tribe's Health & Human Services Director, PO Box 150, Nespelem, WA 99155.

Applicant's Signature

Date

*The following must be submitted with your application before it can be processed.
Incomplete information will result in your application being held in a pending status.*

1. VERIFICATION (proof) OF INCOME: Examples: Last two pay stubs, unemployment stubs, W-2 Forms, Income Tax Return forms, bank statements for direct deposits, award letters for Social Security, Supplemental Security Income, AFDC, Welfare, DSHS-TANF, Veteran's Benefits, etc.
2. FUEL/ELECTRIC BILLING: showing the account number and the name account is registered under.
3. RENTAL AGREEMENT OR RECEIPT: Only needed if you are requesting assistance with a deposit to open a new account.
4. CHILD CARE COSTS: Up to \$500 may be deducted from your total Gross Monthly Income. Child Care costs must be verified by: Receipts (check copies), a note from Childcare Provider or receipts on child support payments.
5. Verification of Tribal Enrollment: ID Card, C.I.B. Certification of Indian Blood.

**DO NOT WRITE IN THIS SECTION
FOR CERTIFICATION WORKER ONLY!!**

DATE RECEIVED: _____	Date to be Reviewed: _____	Date Reviewed: _____
HEATING ASSISTANCE	WEATHERIZATION	ENERGY CRISIS
DECISION DATE: _____	DECISION DATE: _____	DECISION DATE: _____
MADE BY WHOM: _____	MADE BY WHOM: _____	MADE BY WHOM: _____
{ } Approved { } Denied	{ } Approved { } Denied	{ } Approved { } Denied
If denied, why? _____	If denied, why? _____	If denied, why? _____

FOR MORE INFORMATION PLEASE CONTACT
DOROTHY PALMER, PROGRAM MANAGER ~ (509)634-2769 OR (509)634-2770



The Confederated Tribes of the Colville Reservation
 P.O. Box 150, Nespelem, WA 99155 (509) 634-2770
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

NO - INCOME STATEMENT

I, _____, do hereby declare that (please underline one) neither I nor Any member of my HOUSEHOLD has received any type of income for the month of _____ 2011.

I certify that the information contained in this NO - INCOME DECLARATION is complete and accurate to the best of my knowledge. I understand that I am signing the NO - INCOME DECLARATION under penalty of assistance for which I am not eligible.

I also give my consent to any investigation to verify or confirm the information I am giving.

My Basic living needs (Shelter, Food, home heating bills, transportation) have been met (Paid For) during the above month by: (GIVE A BRIEF EXPLANATION HOW THESE NEEDS HAVE BEEN MET)

SHELTER:

FOOD:

HOME HEATING:

TRANSPORTATION: (NOTE - HOW HAVE YOU BEEN PURCHASING GAS/ OIL FOR YOUR VEHICLE?)

 APPLICANT'S SIGNATURE

 DATE SIGNED

 LINEAP REPRESENTATIVE

 DATE SIGNED