



LIHEAP Application Form

Low Income Home Energy Assistance Program

Note: All requested information on the application form must be complete and accurate. Failure to provide required information will result in a denial for assistance. If you are denied assistance and wish to appeal the decision, please contact the Director of Community Services. Likewise, if your application is complete and there is a failure to act on it in a timely manner, contact the Director of Community Services.

Applicant Information

First Name		Middle Name/Initial	Last Name

Address	City	State	ZIP Code

Social Security Number	Telephone #	Birthdate

Tribal Affiliation (attach copy of Indian Verification)

Additional Household Members (list all residents of household)

	Name	Birthdate/Age	Social Security #
1			
2			
3			
4			
5			
6			
7			
8			
9			

Are there any household members that are elderly? Yes ____ No ____

Are there any household members that are handicapped or disabled? Yes ____ No ____

Are there any household members who are 6 years old or younger? Yes ____ No ____

Are there any life threatening health conditions that may affect you or your family if your electricity is disconnected?

No ____ Yes ____ (explain) _____

Are there any foster children in the home? Yes ____ No ____

Who do you pay for your heating energy? _____

Check the type of household heating energy used in the house/home:

Electric ____ Propane ____ Wood ____ Other (specify) _____

Have you received any energy assistance in the last 12 months? Yes ____ No ____

Provide your landlord's name and phone number to verify your residency.

Landlord's Name: _____

Landlord's Phone #: _____

INCOME VERIFICATION

What is the total net household income: (Include income from all members of the household). All documentation must be attached.

Name of each person in household	CAL-Works	SSI	Employment Source	Other

TOTAL HOUSEHOLD INCOME	\$
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Required Supporting Documents (check if included)

- _____ Income verification
- _____ Energy Bill
- _____ Shut-Off Notice

Note: Any adult in the claim must provide proof of income and sign the application (Exception: Legal spouse may sign and provide information for a joint household)

Income information, confidentiality waiver and penalty provision

I consent to the verification of the information contained on the application including all household income, any benefits received from the Passport to Services/TANF Program at the Department of Human Services of the Tribal TANF Program, Social Services (Disability & Retirement) and all other sources of all income eligibility. I waive my rights to keep these records confidential from Redding Rancheria Tribal Government LIHEAP in order to administer this program.

I have read and understand the consent on income information, confidentiality waiver and penalty provision on this application. I understand and agree that you may contact any and all listed sources of income for verification as necessary.

I certify, by signing this application, that all information given is true and accurate. I am also aware that giving false information is subject to criminal penalties, up to \$1,000.00 and/or denial of access to this program for up to three (3) years.

Applicant

Energy & Emergency Intake Coordinator

Date

Date

If you suspect fraud of LIHEAP monies, please call the following:

1-800-479-8979 Redding Rancheria Community Services Tribal Toll Free Number
1-800-888-8442 ACF's Fraud Alert Hotline