

FY 2018-2019

MAKAH LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Application Form Govliheap FY 2018-2019

ALL QUESTIONS MUST BE ANSWERED TO PROCESS YOUR APPLICATION

Name: _____ Date of application: 11/20/18

P.O Box: _____ Social Security No. _____

City, St, Zip: Neah Bay, Washington 98357 Date of Birth: _____

Phone Number: _____ P.U.D ACCOUNT NO. _____

Total Number of Persons in Household: _____ Tribal Affiliation: Makah

Total Number of Indian Members: _____ Tribal Enrollment No. _____

Do you receive food stamps? Yes _____ If Yes, how much: \$ _____
 No _____

LIST ALL OTHER MEMBERS IN HOUSEHOLD

		Total Income received from:	
Self	NAME: _____	Age: _____	Employment \$ _____
	Name: _____	Age: _____	AFDC/TANF \$ _____
	Name: _____	Age: _____	Social Security \$ _____
	Name: _____	Age: _____	SSI \$ _____
	Name: _____	Age: _____	State GAU \$ _____
	Name: _____	Age: _____	Industrial Comp. \$ _____
	Name: _____	Age: _____	Pension/Retirement \$ _____
	Name: _____	Age: _____	Unemployment Comp. \$ _____
	Name: _____	Age: _____	Makah Tribal G.A \$ _____
	Name: _____	Age: _____	Veterans Benefits _____
			Other: Self Employer Fishermen _____
			Other: \$ _____

TOTAL Monthly GROSS INCOME FOR ALL HOUSEHOLD MEMBERS \$ 0.00

TOTAL ANNUAL GROSS INCOME FOR ALL HOUSEHOLD MEMBERS \$ 0.00

1 Housing Status:

Rent _____
Own _____
H.U.D home _____
Other _____

2 What is your main Fuel Type?

Electric Heat _____
Fireplace/Wood _____
Propane/Gas/Fuel _____

3 Please choose only one:

I would like Heat/Energy Grant _____

I would like Weatherization grant _____

FOR OFFICE USE ONLY:	
information need:	
Male:	_____
Female:	_____
Ages:	
0 to 2 yrs	_____
3 to 5 yrs	_____
6 to 18 yrs	_____
19 to 59 yrs	_____
60 + yrs	_____
Disabled?	Yes _____
	No _____

I understand that I have the right to ask for and receive a fair hearing if my application is denied.
Appeals must be made to the Makah Low Income Energy Assistance Program within 20 days after notification of inel

I ALSO CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT I AM SIGNING THIS APPLICATION UNDER PENALTY OF CRIMINAL PROSECUTION, IF I KNOWINGLY GIVE FALSE INFORMATION WHICH RESULTS IN PAYMENT TO WHICH I AM NOT ENTITLED.

_____ 0

11/20/18
_____ Date

Michelle Claplanhoo, LIHEAP Coordinator

11/20/18
_____ Date

FOR OFFICE USE ONLY:	
Amount of Grant Award:	\$ _____
Eligible	_____
Date of Denial letter sent:	_____
Not Eligible	_____

MAKAH LIHEAP MATRIX POINTS SYSTEM

Name: _____ 0

SSN: _____ 000-00-0000

Date: 11/20/18

1 INCOME		
75% FPG		5
85% FPG		4
100% FPG		3
110% FPG		3
115% FPG		2
125% FPG		1

FPG: 135%

2 CIRCLE ALL THAT APPLY:	
ELDER 62 +:	_____
DISABLED/SSI:	_____
SINGLE PARENT:	_____
CHILD 1 - 3 YRS:	_____
CHILD 4 - 5 YRS:	_____
TOTAL POINTS	_____

3 ENERGY BURDEN POINTS		
BILL/INCOME = RATIO PERCENT		
Percentage	Points	
1 - 6%	1	
7 - 12%	2	
13 - 17%	3	
18 - 21%	4	
22% +	5	

Energy Burden: 1.03%

4 TOTAL MATRIX POINT SYSTEM:			
POINTS	SECTION	1	5
POINTS	SECTION	2	_____
POINTS	SECTION	3	1
TOTAL POINTS			0

5 MATRIX PAYMENT		
POINTS	AMOUNT	
1 to 2	\$150.00	
3 to 4	\$200.00	
5 to 6	\$250.00	
7 to 8	\$300.00	
9 to 10	\$350.00	
11 to 12	\$400.00	
12 +	\$450.00	

6	
To qualify for additional money you must have children home.	
Number of Children:	_____
_____ X \$ 10.00 = \$	_____
MATRIX PAYMENT \$	_____
TOTAL GRANT AWARD \$	_____

Monthly PUD payment History	
January	\$72.00
February	\$72.00
March	\$59.00
April	\$59.00
May	\$59.00
June	\$59.00
July	\$59.00
August	\$59.00
September	\$72.00
October	\$72.00
November	\$72.00
December	\$72.00
Total:	\$786.00

Monthly Income	
January	\$0.00
February	\$0.00
March	\$0.00
April	\$0.00
May	\$0.00
June	\$0.00
July	\$0.00
August	\$0.00
September	\$0.00
October	\$0.00
November	\$0.00
December	\$0.00
Total:	\$0.00

MAKAH LIHEAP PROGRAM

FAIR HEARING PROCESS

If you are not in agreement with the decision of the Makah LIHEAP Program, you may request a hearing before an Appeal Committee.

The Makah Tribal Council agrees to provide a fair hearing process to:

If Application has been denied.

1. Applicants who feel the application is neither denied nor approved within the specific Ten (10) day time set for application processing.
2. Payment is less than the client believes it should be.

The Makah Tribes Council agrees that the hearings will meet these standards;

1. Hearing will be held in a location reasonably convenient to the claimant.
2. The claimant will be granted, an opportunity to review his/her case file.
3. The Appeal Committee will be comprised of three (3) S, H & E Social Services employees who have knowledge of program requirements. The Social Services Director, will appoint the appeal Committee.
4. The following rights will be provided to the client during the Appeal.
 - a. Permit a representative to accompany him/her to the hearing
 - b. Client will be allowed to present oral/written evidence on his/her behalf.
 - c. Bring an interpreter if needed.
5. The appeal will be recorded and the decision will be made on the evidence presented to the Committee.

The following time limits for appeals will be adhered to and by the Tribe:

1. After a Notice of Denial an Appeal request must be made no later than 20 days after the Denial.
2. The time limit for an Appeal is within 10 working day after the request is received.

In the event of an Appeal, an estimate of the amount of funds awarded will be set aside until the Appeal Board has rendered its decision.

The Determination of the committee will be final.

By signing this I have read the above statement and understand my rights:

0

Date: 11/20/18

MAKAH LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

NOTIFICATION OF DECISION

11/20/2018

P.O Box: 0
Neah Bay, Washington 98357

Dear 0

This letter is to inform you of a decision or action on your LIHEAP application and supersedes any previous decision.

_____ Your LIHEAP Application has been APPROVED.

_____ Your LIHEAP Application is PENDING.

_____ Your LIHEAP Application has been DENIED.

Reason(s) for Decision:

You have been approved for a liheap grant in the amount of _____ Account #: \$0.00

All applicants have the right to file an appeal. If you do not agree with this decision, you have a right to a Fair Hearing. Please refer to the attached sheet for details. If you need help or have any questions regarding this letter, please call _____

Yes or No I received the PUD Policy Handout
Yes or No I Feel SAFE in my Home

Michelle Claplanhoo
LIHEAP Coordinator