



BISHOP PAIUTE TRIBE

50 Tu Su Lane • Bishop, CA • (760) 873-4414 • FAX: (760) 873-4143

Social Services Department

Low-Income Heating & Energy Assistance Program (LIHEAP)

DOCUMENTATION CHECKLIST

All documents must be submitted *with* your completed application. Please review the document checklist *before* submitting your application. Call the office for any additional information.

ALL DOCUMENTS MUST BE CURRENT WITHIN 30 DAYS OF THE APPLICATION DATE.

- Applicant MUST be residing on the Bishop Paiute Reservation**
- Proof of Enrollment** from a federally recognized tribe
- Copy of **Social Security Cards** for **ALL** household members
- Proof of Residency** (Utility bill; Electric, Internet, Phone or Water & Sewer statement)
- Income Verification** for **ALL** household members over the age of 18 years old.
(Gross Income)
- One (1) Energy Bill** (with head of household's name)
- Disconnection Notice-** if applying for Crisis Services

Low-Income Home Energy Assistance Program (LIHEAP) is a federally funded program that can help assist eligible low-income household to manage and meet their immediate home energy costs. LIHEAP can also help you stay warm in the winter and cool in the summer through programs that reduce the risk of health and safety problems that arise from unsafe heating and cooling practices.

Applications are taken and approved on a first come first service basis with **priority given to the elderly, disabled and families with children under the age of five (5) years old, who meet the income guidelines** and have NOT received assistance from the U.S. Department of Health and Human Services, Administration for Children and Families (US DHHS ACF) or from another tribe or agency. If applicant has received LIHEAP assistance for the current fiscal year, then applicant will be denied LIHEAP assistance.

Carefully read the entire application and answer all questions in the application. **The tribe has 7-14 business days to process your application.** It is the responsibility of the applicant to provide all information requested. **ONLY COMPLETED APPLICATIONS WILL BE PROCESSED.** Once your application is submitted you cannot make any changes.

**** This page must be included with your application, please DO NOT discard ****



BISHOP PAIUTE TRIBE

Registration #

Social Services Department

BISHOP PAIUTE TRIBAL LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION

The information in this application is being collected to identify eligible families or individuals to participate in the Low-Income Home Energy Assistance Program and will be used to determine eligibility. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will subject this application to rejection for this program.

APPLICANT MUST BE RESIDING ON THE BISHOP PAIUTE RESERVATION

Assistance Requested: Heating Cooling Crisis (immediate disconnect or final cut off notice)

APPLICANT INFORMATION (Head of Household)

Date:

Full Name:

Current Mailing Address:

City:

State:

Zip Code:

Physical Address (if different from mailing):

City:

State:

Zip Code:

Phone:

Home Cell Message/Contact:

Tribal Affiliation: Enrollment #

Age:

Date of Birth:

Sex: Male Female

Social Security Number (SSN#):

Marital Status: Married Single Widowed Other



Have you made Application to, or have you received assistance from any other TRIBE, AGENCY, or ORGANIZATION under the Low-Income Home Energy Assistance Program (LIHEAP) within the past six (6) months?

Housing: Own Rent Homeless Other Housing:

Other Characteristics: No Health Insurance Client is Disabled Client is a Veteran

Is there anyone in your household that can be verified as disabled? : Yes No

If so, who: **do they receive SSI?** Yes No

Are any members of your household receiving TANF or Food Stamp benefits? Yes No

If so, who: **Case Number:**

Amount paid for rent monthly:

*** If you are a renter, please list your landlord's name, address, & telephone # :**

Is there anyone in your household receiving Veteran's Benefits, Worker's Compensation, Child Support, Retirement Benefits or Unemployment Benefits?

Yes No **If so, who:**

Amount & Frequency:

Do you, or any member of your household maintain a checking account, savings account, have stocks or bonds in excess of \$1900.00 for (1) person or \$3,000.00 for (2) persons? Yes No

B. FAMILY INFORMATION:

List ALL **other** persons living in household on a permanent basis. Start with the oldest and provide Social Security numbers.

HOUSEHOLD INFORMATION (You must provide all tribal verifications & social security numbers)

Name	Sex	Date of Birth	SSN #	Relationship to Applicant	Tribal No.

Note: The disclosure of your Social Security numbers are requested in order to keep your record straight, because other people may have the same name and birth date. The numbers will also be used, if necessary, to verify income and to avoid duplication of assistance.

Total Members of Household:

Total Tribal Members in Household:

Family Characteristics:

Is the Receiving Person: Farmer Migrant Reservation/Rancheria Resident?

C. INCOME INFORMATION:

List ALL permanent family members at least 18 years old who have income. For the last 30 days.

1. **Earned income:** This includes, but is not limited to, wages, salary, commissions, or profits

Name	Monthly Earned Income	Source of Income

Total monthly earned income:

2. **Unearned income:** This includes, but is not limited to, per capita, tribal distributions, rental properties, child support and alimony, retirement, disability, unemployment, tax refunds, general assistance, and public assistance (TANF).

Name	Monthly Unearned Income	Source of Income

Total monthly unearned income:

TOTAL MONTHLY HOUSEHOLD INCOME (earned & unearned):

IF NO INCOME IS REPORTED, please state how you have maintained your residence, paid utilities or rent, and purchased food or clothing for the last (12) months? If this section is not answered your application will be denied. You must also submit the "VERIFICATION OF NO INCOME" form for ALL persons in the household over the age of 18 years old.

D. REASON FOR ASSISTANCE *(please provide a copy of your most recent bill)*

PLEASE CHECK ONLY ONE

****If Approved, payment will be made directly to the Vendor****

WINTER HEATING: Propane Electricity Wood/Pellets Kerosene

SUMMER COOLING: Electricity

Other *(please explain, will require approval of program director):*

Is your service shut-off? Yes No Length of time:

Are there children under the age of six (6) years in the home? Yes No How many?

Are there elderly in the home over the age of sixty-five (65) years? Yes No

Vendor: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name on Account #: _____ **Account #:** _____

Fax # : _____ Contact Name: _____

I, the undersigned applicant, certify the foregoing information to be true, complete and accurate to the best of my knowledge.

Applicant's Signature:

Date:

For this application to be considered, you must submit all documentation on check list (first page) with your application.



DATE STAMP:

BISHOP PAIUTE TRIBAL LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) UTILITY/VENDOR PAYMENT STATEMENT

I, (enter full name here)

reside at:

Street Address

City

State

Zip

My utility bill is in the name of:

He/She is my
above address.

. I am responsible for payment of the utility bill for the

I certify that all information is true to the best of my knowledge. I am aware that willingly and knowingly falsifying information may lead to denial and termination of participation of LIHEAP. I am the only person in my household who has applied for the Low-Income Home Energy Assistance Program.

Applicant's Signature:

Date:



DATE STAMP:

BISHOP PAIUTE TRIBAL LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) Fair Hearing Form

IF YOU WISH TO APPEAL ANY DECISION REGARDING YOUR APPLICATION, YOU HAVE THE FOLLOWING RIGHTS

1. All Fair Hearings will be handled in a reasonable promptness.
2. A preliminary meeting will be arranged with you and the coordinator, if this issue is not settled informally, a hearing will be set.
3. A hearing will be held upon your request no later than 60 days after receiving notice of payment or denial.
4. The time limit from the hearing request to formal action is 30 days after hearing, or prior to decreasing or denying payment.
5. You are permitted to have one person accompany you.
6. You are allowed to submit written or oral evidence.

I, the undersigned applicant, certify that I have been advised of my right to appeal.

Signature of Applicant

Date

Signature of Intake Officer

Date



DATE STAMP:

**BISHOP PAIUTE TRIBAL LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
Unemployment/Non-income Sources Certification**

I DO HEREBY CERTIFY, THAT I AM AND HAVE BEEN UNEMPLOYED FOR AN EXTENDED PERIOD OF TIME.

IF EMPLOYED, I FUTHER CERTIFY THAT I AM ONLY IN TEMPORARY NEED OF ASSISTANCE FROM THE TRIBE. ADDITIONALLY, I CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OTHER SOURCES THAN LISTED IN THE SUBMITTED APPLICATION.

I ATTEST TO THE ABOVE FACTUAL STATEMENT AS BEING TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM SIGNING THIS STATEMENT UNDER THE PENALTY OF PERJURY.

Applicant's Signature:

Date:

LIHEAP Intake Staff:



DATE STAMP:

BISHOP PAIUTE TRIBAL LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

APPLICANT RESPONSIBILITIES

Please read the following Statements and Initial each one

- I understand that the LIHEAP office may require proof of any information provided in this application or subsequently reported to the LIHEAP office.
- I am aware that failure to provide proof of lawful presence, income and energy costs will result in denial of LIHEAP benefits. I hereby authorize release of information concerning my LIHEAP application and benefit to my utility company and/or fuel dealer if necessary, for a vendor payment, to prevent shutoff, or to obtain energy consumption information, or for weatherization purposes.
- I understand that refusal to permit weatherization of my home may result in denial of LIHEAP benefits.
- I am aware that I have the right to a hearing and appeal in the event of a denial or termination of my assistance.
- I understand that my LIHEAP benefit is not intended to pay for all my energy costs. I am responsible for paying any costs still owed to my energy provider or vendor (as applicable).



DATE STAMP:

BISHOP PAIUTE TRIBAL LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

INTAKE CHECKLIST

The LIHEAP Intake form must accompany each application sent in for processing. If the information below does not accompany your application, your application will be denied.

APPLICANT PLEASE DO NOT FILL OUT THIS FORM – OFFICE USE ONLY

1) Complete application Signed and Dated	Yes	No	N/A
2) Utility/Vendor Payment Statement Signed and Dated	Yes	No	N/A
3) Fair Hearing Noticed Signed and Dated	Yes	No	N/A
4) Unemployment/Non-Income Sources Certification Signed and Dated (if applicable)	Yes	No	N/A
5) Applicant Responsibilities Signed and Dated	Yes	No	N/A
6) Original Electric bill (All Pages)	Yes	No	N/A
7) Propane Printout (a full Year)	Yes	No	N/A
8) Income Verification (Copy of Pay Stubs) for all household members 18 yrs or older, or Proof of No Income (TANF, Food Stamps, or SSI Printout)	Yes	No	N/A
9) Proof of all household members residing in the home (SS# for all household members)	Yes	No	N/A
10) Proof of present address (rent receipt, vendor bill)	Yes	No	N/A
11) Tribal Certification	Yes	No	N/A
12) Intake form (FOR OFFICE USE ONLY)	Yes	No	N/A

WOOD RECIPIENTS ONLY

1) Has the applicant read the Wood Vendor's Instructions?	Yes	No	N/A
2) Has the wood Vendor's W-9 Form been received?	Yes	No	N/A
3) Wood Deliver Notice (if applicable)	Yes	No	N/A

APPROVED NO YES

AMOUNT

FOR

Low Income Home Energy Assistance Program

Poverty Level Guidelines

ASSISTANCE PROGRAM INCOME GUIDELINES (Rev. 10/2018)					
LIHEAP					
Size of Household	Monthly	Your Monthly	Annual	Your Annual	Maximum Assistance
1	\$2,171.00		\$26,049.00		\$225.00
2	\$2,839.00		\$34,064.00		\$225.00
3	\$3,507.00		\$42,079.00		\$225.00
4	\$4,175.00		\$50,094.00		\$225.00
5	\$4,842.00		\$58,109.00		\$225.00
6	\$5,510.00		\$66,124.00		\$225.00
7	\$6,178.00		\$74,139.00		\$225.00
8	\$6,846.00		\$82,154.00		\$225.00
9	\$7,514.00		\$90,169.00		\$225.00
10	\$8,182.00		\$98,184.00		\$225.00

The Low-Income Home Energy Assistance Program (LIHEAP) is a federally funded program which has three components: weatherization for residences of income-qualified tribal members and assistance to meet home heating and cooling cost. All three programs on the Bishop Paiute Reservation require participants to earn less than 60% of the state median income level, (\$50,094.00 for a family of four). By federal law, federal funds cannot be used for assistances for those with incomes beyond this threshold. The Community Development Department assists with the weatherization program to cover the Reservation by improving the weatherization of the qualified homes. The assistance program provides payments directly to utility vendors for all, or a portion of a qualified participant's primary heating, cooling and weatherization costs.