

MICKEY GEMMILL JR.
Tribal Chairman

LAWRENCE CANTRELL
Vice-Chairman

FAITH SANTILLAN
Tribal Secretary



Pit River Tribe
36970 Park Ave
Burney CA 96013

Phone: 1(530) 335-5421
Fax: 1(530) 335-3140

ELEVEN AUTONOMOUS BANDS

L.I.H.E.A.P 2018

- Must Provide an Identification card, Driver's License or Tribal ID
- Must Provide a Physical address for proof of residence
- Income Verification Must be within the last 30 days or current award letter from 2018 year.
- Must Live within our Ancestral Boundaries also called 100 Mile Square
- List wood cutter on your application and their phone number
- Applications are to be mailed or dropped off at the Pit River Tribal Office. 36970 Park Avenue Burney CA. 96013
- Tribal Office Fax (530) 335-3140 Finance Office Fax (530)-335-5069

MICKEY GEMMILL JR.
Tribal Chairman

LAWRENCE CANTRELL
Vice-Chairman

FAITH SANTILLAN
Tribal Secretary



Pit River Tribe
36970 Park Ave
Burney CA 96013

Phone: 1(530) 335-5421
Fax: 1(530) 335-3140

ELEVEN AUTONOMOUS BANDS

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 Tribal Administrator. Likewise, if your application is complete and there is a failure to act on it in a timely manner, contact the Tribal Administrator.

Applicant Information: Tribal Affiliation (attach a copy of Indian Verification)

First Name	Middle Name/ Initial	Last Name
------------	----------------------	-----------

Physical Address	City	State	Zip Code
------------------	------	-------	----------

Social Security Number	Telephone Number	Birth Date
------------------------	------------------	------------

What is your monthly estimated cost for:

Electricity:\$ _____

Wood:\$ _____

Gas/Propane:\$ _____

All applicants must have an ID and a Social Security Card for all non-tribal members to be complete

LIHEAP Income Guidelines

Household Size*	Maximum Income Level (Per Year)	Maximum Income Level (Per Month)
1	\$24,236	\$2,019.67
2	\$31,693	\$2,641.08
3	\$39,150	\$3,262.50
4	\$46,607	\$3,883.92
5	\$54,065	\$4,505.42
6	\$61,522	\$5,126.83
7	\$62,920	\$5,243.33
8	\$64,318	\$5,359.83

MICKEY GEMMILL JR.
Tribal Chairman

LAWRENCE CANTRELL
Vice-Chairman

FAITH SANTILLAN
Tribal Secretary



Pit River Tribe
36970 Park Ave
Burney CA 96013

Phone: 1(530) 335-5421
Fax: 1(530) 335-3140

Low Income Home Energy Assistance Program / Checklist

Date: _____ Client Name: _____

Your application for LIHEAP needs to include the following

1. Complete Application _____.
2. Citizenship/Membership _____.
3. Eligibility Verification _____.
4. Utility Bill _____.
5. Proof of Physical Residence _____.
6. Proof of All Household Income _____.
7. Wood Contract/ wood cutter information _____.

LIHEAP Coordinator

Date of Approval

MICKEY GEMMILL JR.
Tribal Chairman

LAWRENCE CANTRELL
Vice-Chairman

FAITH SANTILLAN
Tribal Secretary



Pit River Tribe
36970 Park Ave
Burney CA 96013

Phone: 1(530) 335-5421
Fax: 1(530) 335-3140

Additional Household Member (list all residents of household)

	Name	Birth Date	Social Security #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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

Is there any member of the household that is handicapped/disabled? Yes _____ No _____

Are there any life threatening health conditions that may affect you or your family if you electricity is disconnected? Yes _____ No _____

(Explain) _____

What is the total gross household income? (Include income from all members of the household including children)

\$ _____ \$ _____ \$ _____

\$ _____ \$ _____ \$ _____

What energy company do you pay for utilities? _____

Do you or any member of your household receive food stamps? Yes _____ No _____ \$ _____

MICKEY GEMMILL JR.
Tribal Chairman

LAWRENCE CANTRELL
Vice-Chairman

FAITH SANTILLAN
Tribal Secretary



Pit River Tribe
36970 Park Ave
Burney CA 96013

Phone: 1(530) 335-5421
Fax: 1(530) 335-3140

ELEVEN AUTONOMOUS BANDS

Provide your landlord's name and phone number to verify your residency. [If you own your home, just enter homeowner]

Landlord's name: _____

Landlord's phone number: _____ () _____ - _____

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

Required Supporting Documents (check if included):

_____Income Verification _____Energy Bill _____Shut-Off Notice

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 and denial of this application.

Applicant Signature

LIHEAP Coordinator Signature

Date

Date

*To all LIHEAP applicants of the Pit River Tribal Program if you need to report any fraud of the LIHEAP program please call: 1-877-279-9097 Tribal Toll Free Number
(530) 335-5421 Tribal Administrative Office*

Possible fraud could be the following:

- *Misuse of LIHEAP Funds*
- *Double Payments*

MICKEY GEMMILL JR.
Tribal Chairman

LAWRENCE CANTRELL
Vice-Chairman

FAITH SANTILLAN
Tribal Secretary



Pit River Tribe
36970 Park Ave
Burney CA 96013

Phone: 1(530) 335-5421
Fax: 1(530) 335-3140

ELEVEN AUTONOMOUS BANDS

Applicant name _____ Social Security#: _____

Tribal Affiliation _____ (You must include a copy of your Indian verification)

Physical Address of Applicant: _____

Assistance for: Electric Wood Gas Shut-off

Preferred Wood Vendor: _____

Gross Household Annual Income \$ _____ Household Size: _____ [persons]

Gender Distribution: Males _____ Females _____

Age Distribution: 0-2 years _____ 3-5 years _____ 6-17 years _____

18-59 years _____ 60 years and older _____

Number of Disabled in Household _____

Office Use Only

Application Date: _____ Requisition#: _____ Approved Amount\$ _____

Source of Funds _____ Approval Date: _____

MICKEY GEMMILL JR.
Tribal Chairman

LAWRENCE CANTRELL
Vice-Chairman

FAITH SANTILLAN
Tribal Secretary



Pit River Tribe
36970 Park Ave
Burney CA 96013

Phone: 1(530) 335-5421
Fax: 1(530) 335-3140

ELEVEN AUTONOMOUS BANDS

Zero Income Form

Date: _____

This is to verify that I, _____
(Name of Applicant)

Have no income at this time

By signing this form I certify that the above is true and current to the best of my knowledge.

Signature of Applicant

Date

MICKEY GEMMILL JR.
Tribal Chairman

LAWRENCE CANTRELL
Vice-Chairman

FAITH SANTILLAN
Tribal Secretary



Pit River Tribe
36970 Park Ave
Burney CA 96013

Phone: 1(530) 335-5421
Fax: 1(530) 335-3140

ELEVEN AUTONOMOUS BANDS

Low Income Home Energy Assistance Program

WOODCUTTER CONTRACT

This agreement is entered into this _____ day of _____ 20____, between the Pit River Tribe and _____, herein known as the “Wood Contractor.” The Wood Contractor will cut _____ cord(s) _____ hard _____ soft and deliver and stack at the home of _____ at _____ and sign off after delivery below in order for the Wood Contractor to be satisfactorily completed. This must be done before the payment request is submitted.

Payment for the satisfactory completion of the contract will be a check issued in the amount of \$_____

Wood must be cut to _____ length to fit in Applicant’s wood stove.

APPROVED AND SIGNED BY:

Wood Contractor: _____ Date: _____

Applicant Approval: _____ Date: _____

Physically Inspected: _____ Date: _____

No advance payment will be made; there must be a certification of the wood delivered and stacked appropriately. The Woodcutter Contract must be signed by the Wood Contractor, Applicant, and the L.I.H.E.A.P. Coordinator call 1-530-335-5421 Ext 1401 or 1-530-949-5927 when done

FYP-15-Grant

Woodcutter: (At Least one reliable contract is required)

\$100- ½ Cord of soft wood _____

\$175- Cord for soft wood _____

\$225 – Cord for hard wood _____

Daytime Telephone Number (____) _____ - _____

Message Telephone Number (____) _____ - _____

Note: This will NOT be signed by the applicant until the _____ cord(s) of wood have been delivered and stacked to the location the application has designated. After delivery of the wood, please mail original Woodcutter Contract to the Pit River Tribal Finance Office at the address above. Please allow up to two weeks for payment.



Low Income Home Energy Assistance Program

Letter of Approval to participants

Subject: L.I.H.E.A.P

Dear _____.

Your application for LIHEAP assistance has been approved on
_____. for the following service:

In the amount of \$_____.

_____. Firewood _____ . Cord's Valued at \$_____.

_____. Propane _____ . Kerosene

_____. Utilities

Any additional expense that you owe will be your own responsibility and charged to you by the service provider.

_____.

LIHEAP Coordinator

_____.

Date of Approval



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

NAME: _____

Federal Poverty Income Guideline's (see attached sheet on page 2)

- 1. **Elderly (50 years and older).....(3 Points) _____
- 2. **Children (5 years and younger).....(3 Points) _____
- 3. **DISABLED.....(3 Points) _____
- 4. Calfresh/Food Stamp, **Food Distribution**, or SSI.....(2Points) _____

5. COMBINED ENERGY EXPENSE:
- \$40 to \$69 Per Month.....(2 Points) _____
 - \$70 to \$99 Per Month.....(4 Points) _____
 - \$100 over per month.....(6 Points) _____

Type of Assistance	Low Assistance 4-6 PTS	Medium Assistance 7-9 PTS	High Assistance 10+ PTS	**Elderly, **Disabled, **Children	Total Points
Utilities/Propane	\$175.00	\$200.00	\$300.00	(+) \$100.00	
Firewood Soft \$175 Hard \$225	1 Cord	2 Cords	2 Cords	+ (\$100.00) Worth of wood	

Utilities \$ _____ Firewood \$ _____ Crisis \$ _____ Propane \$ _____

APPROVED BY COORDINATOR: YES _____ NO _____

NOTES:	PAID TO:
	DATE:
	AMOUNT \$:
	CHECK NO: