L.I.H.E.A.P 2020

- 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 2020 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
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)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name/ Initial</th>
<th>Last Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Telephone Number</th>
<th>Birth Date</th>
</tr>
</thead>
</table>

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

2019-2020 LIHEAP Income Guidelines

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Maximum Income Level (Per Year)</th>
<th>Maximum Income Level (Per Month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$27,563</td>
<td>$2,296.92</td>
</tr>
<tr>
<td>2</td>
<td>$36,044</td>
<td>$3,003.67</td>
</tr>
<tr>
<td>3</td>
<td>$44,525</td>
<td>$3,710.42</td>
</tr>
<tr>
<td>4</td>
<td>$53,006</td>
<td>$4,417.17</td>
</tr>
<tr>
<td>5</td>
<td>$61,487</td>
<td>$5,123.92</td>
</tr>
<tr>
<td>6</td>
<td>$69,968</td>
<td>$5,802.25</td>
</tr>
<tr>
<td>7</td>
<td>$68,093</td>
<td>$5,674.42</td>
</tr>
<tr>
<td>8</td>
<td>$69,609</td>
<td>$5,800.75</td>
</tr>
</tbody>
</table>
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
### Additional Household Member (list all residents of household)

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
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<td>7</td>
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<td>8</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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_______ $__________
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
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: ________________
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.....(2 Points )

5. COMBINED ENERGY EXPENSE:
   $40 to $69 Per Month..............................(2 Points )

   $70 to $99 Per Month..............................(4 Points )

   $100 over per month..............................(6 Points )

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

Utilities $ _____ Firewood $ _____ Crisis _____ Propane $_______

APPROVED BY COORDINATOR: YES NO

NOTES: | PAID TO: |
---: | :---: |
DATE: | |
AMOUNT $: | |
CHECK NO: | |
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
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.