

# SOCIAL SERVICES APPLICATION FOR LIHEAP 2022



**ALL SERVICE PROGRAMS ARE BASED ON AVAILABLE FUNDING. ALL DOCUMENTATION MUST BE RECEIVED BY THE SOCIAL SERVICES DEPT. FOR AN APPLICATION TO BE COMPLETED IN A TIMELY MANNER.**

## **DOCUMENTATION NEEDED TO COMPLETE APPLICATION: LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

- 1. Application must be completed and signed for processing**
- 2. Tribal Verification**
- 3. Proof of income/or no income form filled out**
- 4. Copy of statement utilities (Vendor)**
- 5. Proof of disability if disabled**

**Note: Members are eligible for assistance once in the Summer and once in the Winter provided funding is available. Under crisis circumstances members can be assisted up to three times through LIHEAP**

**Winter Months: October- March**

**Summer Months: April- September**

**100%, 110% and 150% of the U.S. Department of Health and Human Services Federal Poverty Guidelines (FPG) Published on February 1, 2021 the tables below show the calculations for the FPG for optional use in Federal Fiscal Year (FFY) 2021 LIHEAP and mandatory use in FFY 2022 LIHEAP. Select Percentages of FPG for All States except Alaska and Hawaii and for the District of Columbia:**

<b>SIZE OF HOUSEHOLD</b>	<b>100 % OF FPG</b>	<b>110% OF FPG</b>	<b>150% OF FPG</b>
<b>1</b>	<b>\$12,880</b>	<b>\$14,168</b>	<b>\$19,320</b>
<b>2</b>	<b>\$17,420</b>	<b>\$19,162</b>	<b>\$26,130</b>
<b>3</b>	<b>\$21,960</b>	<b>\$24,156</b>	<b>\$32,940</b>
<b>4</b>	<b>\$26,500</b>	<b>\$29,150</b>	<b>\$39,750</b>
<b>5</b>	<b>\$31,040</b>	<b>\$34,144</b>	<b>\$46,560</b>
<b>6</b>	<b>\$35,580</b>	<b>\$39,138</b>	<b>\$53,370</b>
<b>7</b>	<b>\$40,120</b>	<b>\$44,132</b>	<b>\$60,180</b>
<b>8</b>	<b>\$44,660</b>	<b>\$49,126</b>	<b>\$66,990</b>

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>

<b>PHYSICAL ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

<b>SOCIAL SECURITY NO.</b>	<b>TELEPHONE NO.</b>	<b>DATE OF BIRTH</b>

**ASSISTANCE FOR** (PLEASE CHECK ONE): ELECTRIC      WOOD      PROPANE      CRISIS

**PREFERRED WOOD VENDOR:** \_\_\_\_\_

**WOOD VENDOR PHONE NO:** \_\_\_\_\_

**LIST ALL MEMBERS OF YOUR HOUSEHOLD:**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO YOU:</b>

**SOURCE OF INCOME IN HOUSEHOLD: LIST ALL HOUSEHOLD INCOME INCLUDING APPLICANT:**

<b>NAME:</b>	<b>SOURCE OF INCOME</b>	<b>HOW OFTEN: WEEKLY/MONTHLY</b>	<b>RECIEPTS ATTACHED</b>	<b>STAFF VERIFIED INITIALS</b>

**APPLICANT NAME OF CURRENT EMPLOYER:** \_\_\_\_\_

**EMPLOYERS ADDRESS**

**EMPLOYERS PHONE NUMBER**

Does any one in the household receive Food Stamps? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PRIMARY HEATING SOURCE:**

<b>HEATING SOURCE</b>	<b>AVERAGE MONTHLY COST</b>	<b>VENDOR NAME</b>

Are there any Elders in your home? If so, who? \_\_\_\_\_

Are there any disabled person in your home? If so, who? \_\_\_\_\_

Are there any life-threatening health conditions that may affect your family if utilities are shut off?

\_\_\_\_\_

\_\_\_\_\_

Do you have a shut off notice or has your service been shut off? \_\_\_\_\_

Provide your landlord's name and phone number to verify your residence:

Landlord's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

I certify by signing this application that all information given is true and accurate to the best of my knowledge. I am also aware that giving false information is subject to immediate dismissal of this application process. I understand this application must be accompanied by verification of income and Indian ancestry for all household members:

BAND AFFILIATION: \_\_\_\_\_

APPLICANT PRINTED NAME: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

Pit River Tribe Social Service Dept.

Phone : (530)335-5421 Ext : 2013, 2014, 2019

Fax : (530)335-6340

Email : receptionist@pitrivertribe.org

SOCIAL SERVICES COORDINATOR SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

APPLICATION DATE: \_\_\_\_\_

REQUISITION NO: \_\_\_\_\_

APPROVED AMOUNT: \_\_\_\_\_

SOURCE OF FUNDS: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

DATE PROCESSED BY SS DEPT: \_\_\_\_\_

## LIHEAP POINT SYSTEM

1. \*\*\*ELDERLY (50+), CHILDREN (6 & younger), DISABLED .... (3) \_\_\_\_\_

2. CAL FRESH/FOOD STAMPS/FOOD DIST./SSI ..... (2) \_\_\_\_\_

3. COMBINED ENERGY EXPENSES .....

\$40-\$69 (2) ..... \_\_\_\_\_

\$70-\$99 (3) ..... \_\_\_\_\_

\$100 + (4) ..... \_\_\_\_\_

TYPE OF ASSISTANCE	LOW ASSISTANCE 2-4 PTS	MEDIUM ASSISTANCE 5-8 PTS	HIGH ASSISTANCE 9+ PTS	*ELDERLY *DISABLED *CHILDREN	TOTAL POINTS
UTILITIES/PROPANE	Summer: \$220 Winter: \$320	Summer: \$320 Winter: \$420	Summer: \$420 Winter: 520	(+ \$100.00)	
FIRE WOOD SOFT HARD <small>(Based on seasonal market value)</small>	¼ cord hard ¼ cord soft	½ cord hard ½ cord hard	1 full cord hard 1 full cord soft	½ mix of hard and soft wood	

<b>PAID TO:</b>	
<b>AMOUNT APPROVED:</b>	
<b>DATE PROCESSED BY SS DEPT:</b>	