

SPIPA LIHEAP ASSISTANCE PROGAM FY- 2024

Tribe:		Phone	Number:	
Utility Name & Acct #		Email	address:	
Please fill out this application completely. All information you provide is confidential. Pleas months of August, September, and Octob	e be sure to a	ttach do	cumentation of Light Bill ar	nd Income <u>for the</u>
APPLICANT INFORMATION:				
NAME:		MAL	E: FEMALE: Other	
ADDRESS:		_ CITY: _	STATE:	ZIP:
Is anyone in your household handicapped:	Yes	_ No	Do you live on reservation: _	YesNo
Is anyone in your household a senior citizen:	Yes	_No	Do you own home: Yes	No
Rent with utilities billed separately:	Yes	_No	Rent with utilities in rental fe	e yes No

LIST ALL MEMBERS IN YOUR HOUSEHOLD, INCLUDING YOURSELF: (use back if needed for more space) LIST ALL MEMBERS ETHNICITY: Hispanic, Latino or Spanish origins

LIST ALL MEMBERS RACE: American Indian or Alaska Native, Asian, Black, African American, Native Hawaiian, or other Pacific Islander, White or multi race.

Household Members	SSN	Relationship	DOB	Gender	Ethnicity	Race	Enrollment #

ELIGIBILITY INFORMATION: list monthly amount of income sources(s) that applies to **everyone 18** and older in your household. Mark N/A for any income source that does not apply to you. **Failure to report every income source may result in denial of LIHEAP benefits.**

Employment-salary/wages	\$ Social Security Benefits	\$
SSI	\$ Fishing	\$
TANF/WFD	\$ General Assistance	\$
Retirement Benefits	\$ Per Capitas	\$
Unemployment Benefits	\$ Pension	\$
Foster Care	\$	

SPIPA LIHEAP ASSISTANCE PROGAM FY- 2024 Page 2

Have you applied for and/or received any assistance from October 1, 2023, from the following:

\$ Other Tribal Programs: \$_____ Community Action Programs:

CERTIFICATION

I realize that any false statement or misrepresentation knowingly made by me for the purpose of obtaining assistance under this program may result in my being denied assistance and/or may result in action against me which could subject me to Civil and/or Criminal penalties. I understand that I have a right to appeal against the decision in writing within five (5) working days upon notification of an adverse decision.

I understand that by signing this application/certification, I give my consent to any investigation to verify or confirm the information I have given. In addition, I also authorize SPIPA LIHEAP to verify utility costs and consumption rates for:

UTILITY NAME: ______ ACCOUNT NUMBER: ______

APPLICANT SIGNATURE: DATE:

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE.

I certify that I have reviewed the proof of income documents and/or obtained letter verification of the statement made by the applicant.

Application for	HEATING	CRISIS Assistance	Summer
INTAKE STAFF SIGNA	TURE:	DATE:	:

Are you interested in applying for Weatherization? Yes/No