



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

**SPIPA LIHEAP ASSISTANCE PROGRAM      FY- 2024      Page 2**

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

Community Action Programs: \$ \_\_\_\_\_      Other Tribal 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 SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Are you interested in applying for Weatherization? Yes/No**