



Lower Elwha Klallam Tribe
3080 Lower Elwha Road, Port Angeles, WA 98363
Phone: 360.565.7257 • Fax: 360.457.8429

2020-2021 Lower Elwha Klallam Tribe LIHEAP Application

The amount of payment assistance is calculated by taking into consideration the information that is provided in this application. You will be informed by mail of approval/award amount or denial.

- **Please answer all questions.** If you need assistance filling out this form, help will be provided to you. **This application cannot be processed if it is returned incomplete or without all required verifications and will be denied.**
- If you received 2020 LIHEAP funds we can use previous copies of your ID, SSI Card and CIB.
- Return your completed application and all verifications to the Lower Elwha Klallam Tribe Social Services Department (3080 Lower Elwha Road; Port Angeles, WA 98363) **OR** by Fax 360.457.8429.

Documentation Checklist

Application Check List –*Before you submit your application, please make sure it is complete (no blank sections) and that you include the following documents so that we can process it in a timely manner.*

- ___ Completed LIHEAP
- ___ Proof of Native American Status
- ___ Identification for you & all household members 18+ years of age
- ___ Proof of income for you & all household members (or “zero income” form)
- ___ Landlord Statement (mark “own home” if you do not rent)
- ___ Copy of your utility bill
- ___ Denial letter IF you have applied for LIHEAP at another agency

PRIVACY

Information on the application will be used to determine eligibility. All information will be kept confidential and will be reviewed only by those specifically involved with program administration.

APPLICANT'S RIGHTS

All applicants have a right to be informed of the results of their applications and amounts paid on their behalf within 3-5 business days of receipt of completed application. All applicants have a right to be informed of the reason if the application is denied, or not acted upon a timely manner.

A hearing may be requested in writing or by telephone if the applicant is disabled. Applicants can request a fair hearing in writing to the Social Services Director. The request for hearing must be completed during the LIHEAP Award Year for which they were applying and pertains only to that year.

SOURCES OF INCOME AND OTHER ASSISTANCE

You must submit proof of income or assistance for all household members for the last three full calendar months. Send copies, as originals will not be returned. If “no income,” fill out the “ZERO Income” form.

<input type="checkbox"/> Wages/Salaries	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Child Support
<input type="checkbox"/> Tips	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> General Assistance
<input type="checkbox"/> Commissions	<input type="checkbox"/> Inheritances	<input type="checkbox"/> Alimony or Spousal Support
<input type="checkbox"/> TANF	<input type="checkbox"/> Employment Bonuses	<input type="checkbox"/> Sick Leave Pay
<input type="checkbox"/> Disability Pay	<input type="checkbox"/> Lease Money	<input type="checkbox"/> Per Capita Payments
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Social Security	<input type="checkbox"/> Railroad Retirement
<input type="checkbox"/> Other Pensions	<input type="checkbox"/> Workman’s Compensation	<input type="checkbox"/> Union Compensation
<input type="checkbox"/> Interest & Dividends from Savings & Investments	<input type="checkbox"/> Self - Employment	<input type="checkbox"/> Individual Indian Monies

Please list your total income from all sources for the last full three months:

Employer	Month	Year	Wage Amount
			\$
			\$
			\$
			\$
			\$
			\$

Total

Proof of income may include: pay stubs, award letters, employer statements (these must include the employer’s contact information, the name and social security number of the employee, the total income before deductions and the dates/time period of the work/earnings), SS/SSI award letters or bank statements with direct deposit (fixed income only), a printout from the unemployment office of support received, child support statements from DSHS or copies of child support checks, statements from agency providing financial assistance or compensation, bank statements for savings & investments, profit & loss statement with receipts for self-employment) or send a copy of the first 2 pages of your most recent federal tax return

CERTIFICATION

I certify that all information that I have provided is true and complete. I authorize the LIHEAP staff to verify any information necessary. I realize false or incomplete information may subject me to denial of benefits and prosecution within the limits of the law. I understand that I may appeal a denial for benefits of the amount determination within 30 days of each notice. I further understand that my application will be acted on and I will be notified of the outcome within 10 business days of applying. I understand that even though I may meet the eligibility requirements, I may not qualify for LIHEAP assistance because funding is not available/has ended for the year.

My signature on this application further authorizes the utility vendor(s) identified in this application, my landlord and any individual or agency who can verify income or assistance that I, or anyone listed as a member of my household on this application, have received, to release this limited information to the Lower Elwha Klallam Tribe Social Services Department.

I understand that I have a right to a fair hearing upon request if my application is denied or if my application is not acted upon with reasonable promptness. To initiate the fair hearing process, contact the Social Services Director, Rebecca Sampson-Weed, at 360-565-7257, Ext 7456.

Applicant Signature: _____ Date: _____

PLEASE COMPLETE, SIGN & DATE	<p>SIGNATURES: Account holder, applicant or authorized representative</p> <p>I authorize _____ To release my utility account information to the <small>(Utility or Vendor Name)</small></p> <p>Lower Elwha Klallam Tribe’s Social Services Department for the purpose of providing energy assistance services for the current program year 10/1/2019 to 09/30/2020</p> <p>Utility Account Number _____</p> <p style="text-align: center;"> _____ Signature of Account holder, applicant, or authorized representative _____ Date </p>
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Agency Use Only	<p>AMOUNT APPROVED \$ _____</p> <p>_____</p> <p>Intake Worker Signature: _____ Intake Date _____</p> <p>Agency Certification: The above named applicant has met the income eligibility requirements for the Lower Elwha Klallam Tribe Low Income Home Energy Assistance Program is authorized to receive assistance in the amount above.</p> <p style="text-align: center;"> _____ Signature of Account holder, applicant, or authorized representative _____ Date </p>
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Zero Income Statement

Applicant Name: _____ Phone number: _____

Address: _____

You have stated that you receive no income or assistance on your application. Please complete this form to tell us how your living expenses were paid for the last three months: _____

IMPORTANT: Your application may be denied if you do not complete this form.

List your monthly bills:

Bill	Monthly amount	Bill	Monthly amount
Rent/Mortgage		Car Payment/Insurance	
Food		Gas	
Heat		Cable/Internet	
Electric		Personal Items	
Phone/Cell		Other Expenses	

How have you paid your monthly bills?

If a friend or relative is helping pay your bills, list name(s) and phone number(s):

Do you live with a friend or relative? Yes No

If Yes, list name and phone number:

During the three months listed above, did anyone in your household have sources of income you did not think to report?

If you mark "yes" to any of these, you have received income/assistance. Please provide proof.

- Full-time job Part-time job Self-employed Working for cash
- Workers Compensation Unemployment County/Government Program Social Security/SSI Child Support
- Insurance Benefits Annuity Payments Pension Tribal Payments Rental Income Earned Income Credit
- Savings Home Equity Loan Other Loans Credit Card Gifts Other _____

Payments made by others to provide regular support for your household are considered income.

By signing this form, I affirm that I believe these facts are accurate and true. I give the Lower Elwha Klallam Tribe LIHEAP program my permission to verify this information. I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Applicant's Signature: _____ Date: _____



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LANDLORD STATEMENT FORM

Own Rent

PLEASE HAVE YOUR LANDLORD COMPLETE AND SIGN THIS FORM

Tenant Name: _____

Tenant Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell phone:** _____

HOUSEHOLD COMPOSITION: List all household members whom you are applying for must be identified:

NAME	Birth Date	Relationship to HOH

Date moved in: _____ **Monthly Rent \$:** _____ **Client Amount \$** _____

Subsidized Housing Yes No

Rent includes the following:

Electricity Garbage Propane/Fuel Water Other: _____

Main heating source is: Electric Wood Propane Other: _____

Landlord Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Phone/Fax:** _____

Signature of Landlord

Date