

LOW INCOME HOUSEHOLD ASSISTANCE APPLICATION



LOWER ELWHA KLALLAM TRIBE

3080 LOWER ELWHA ROAD, PORT ANGELES, WA 98363

PHONE: 360.565.7257 • FAX: 360.457.8429

The amount of 2022-2023 LIHEAP - Energy is calculated by taking into consideration the information that is provided in this application. You will be notified by mail of approval/award amount or denial.

- **Please answer all questions.** If you need assistance filling out this form, help can be provided to you. ***This application will not be processed if it is incomplete or without all required verifications.***
- If you believe we have a copy of your ID, SSI Card, and Tribal ID/CIB please confirm with the receptionist. We are only able to reuse Picture ID, Tribal ID/CIB, and SSI Cards that are on file.
Income must be updated yearly.
- Return your completed application and necessary verification documents to the Lower Elwha Klallam Tribe Social Services Department; 3080 Lower Elwha Road; Port Angeles, WA 98363 **OR** by Fax 360.457.8429.

INCOME GUIDELINES LEKT LIHEAP/LIHWAP PROGRAMS

Household Size	60% SMI
1	\$ 35,037
2	\$ 45,818
3	\$ 56,599
4	\$ 67,379
5	\$ 78,160
6	\$ 88,941
7	\$ 90,962
8	\$ 92,984
9	\$ 95,005
10	\$ 97,026
For each additional person add:	\$ 2,021

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.

FRAUD

To report concerns of possible fraud, waste, or misuse of LIHEAP Funds, please help us eliminate it by calling to report concerns to the LEKT Social Services Director. If you don't feel comfortable calling our office, you can report it to the Healthy and Human Services Fraud Alert hotline at 1-800-HHS-TIPS (800-447-8477) or by visiting the website <https://forms.oig.hhs.gov/hotlineoperations/nothhsemployeeen.aspx>.

REQUIRED DOCUMENTS CHECKLIST

1. _____ Complete and signed application;
2. _____ Valid State Issued Driver's License/ID (Applicant)
3. _____ Certification of Indian Blood/Tribal Enrollment Card
4. _____ Social Security Card (Applicant), Numbers for all others
5. _____ Household Composition / Landlord Statement
6. _____ Income Verification – all income for 3 months before the application submission date
No Income Statement for all adults who have no income
7. _____ Utility Bill / Account Number
8. _____ Updated W-9
9. _____ Denial Letter from other Agency

LOWER ELWHA KALLALM TRIBE LIHEAP APPLICATION

Received Date:

HOUSEHOLD COMPOSITION

Applicant Name: _____ Applicant Tribe: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Number of people living in the home _____

Email Address: _____ **Type of Housing:** ☐ Own ☐ Rent

What Type of Assistance are you requesting: ☐ Electric ☐ Wood ☐ Propane

Have you or any household member received assistance from another LIHEAP Program?

☐ Yes, When: _____ ☐ No

If you answered "Yes," you must provide a letter from the agency showing that your application for assistance was denied.

Please complete for all household members:

Name	Birthdate	Social Security Number	Relationship	Gender	Disabled Y/N
			SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

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. Income includes: wages/salaries, TANF, GA, veterans benefits, child support, tips, all social security income, alimony/spousal support, disability pay, unemployment compensation, self-employment, lease/rental income, railroad retirement, **If “no income,” fill out the “ZERO Income” form.**

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

Income Type (Wages, SSI, Child Support, Per Capita, etc)	Receiving Y, N, Pending	Who is the recipient	How Often? (Weekly, Bi- Weekly, Monthly)	Amount Received
				\$
				\$
				\$
				\$
				\$
				\$

TOTAL: \$

Proof of income may include: pay stubs, award letters, and 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 the 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 realize false or incomplete information may subject me to denial of benefits and prosecution within the limits of the law. 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.

PLEASE COMPLETE	Account holder, applicant or authorized representative Account information	
	I authorize _____	to release my utility account information
	(Utility/Vendor Name)	
	I authorize _____	to release my utility account information
	(Landlord/Vendor Name)	
To the Lower Elwha Klallam Tribe's Social Services Department for the purpose of providing energy assistance services for the current program year 10/1/2022 to 09/30/2023		

CERTIFICATION

PLEASE READ THE INFORMATION BELOW, INITIAL EACH SECTION TO ACKNOWLEDGE THAT YOU UNDERSTAND THE INFORMATION PROVIDED IN THIS SECTION, AND SIGN THE APPLICATION. If you do not fully understand any of the certifications listed, wait to initial until after a LEKT Social Services staff member has explained this in greater detail. Your initial and signature indicate you fully understand.

Initials	
	APPLICANT RESPONSIBILITY I understand and acknowledge that I am responsible for providing complete and accurate information to LEKT LIHEAP coordinators, cooperating with LEKT Social Services staff, including, if necessary, LEKT Fraud Investigation Unit.
	FAIR HEARING RIGHTS 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.
	CONFIDENTIALITY I understand and acknowledge that all information given to LEKT LIHEAP coordinators for the purpose of establishing eligibility is confidential and may not be released to a third party unless I sign a separate notarized release of information form.
	RELEASE OF INFORMATION I authorize the LIHEAP staff to contact other agencies to obtain the information necessary to determine eligibility for LIHEAP assistance.
	FRAUD PENALTIES I realize false or incomplete information may subject me to denial of benefits and prosecution within the limits of the law.
	ASSISTANCE I understand my household is eligible to receive LIHEAP and CRISIS Assistance one time per fiscal year. To the best of my knowledge, I have not nor any member of my household has applied for LIHEAP with any other agency in accordance to the current fiscal year (10/1/22 thru 9/30/23)

APPLICANT SIGNATURE: _____ **DATE:** _____

ZERO INCOME ASSISTANCE STATEMENT



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

NO INCOME DECLARATION

I _____, do hereby declare that I have received no income for the months of _____, _____, and _____.

Income is understood to include but is not limited to the following: Wages from an employer, unemployment insurance, time loss for work-related injuries, child support received, military or other pension payments, social security, supplemental security income, TANF, work-study programs, money received through self-employment, or odd jobs in exchange for food, shelter, or utilities.

I have been meeting my basic living needs for food, shelter and utilities in the following way:

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

Food: _____

Shelter: _____

Utilities: _____

I authorize the LEKT LIHEAP program to verify the information offered on this Zero Income form.

APPLICANT SIGNATURE

DATE

I have verified through ACES there are no conflicts of income information apparent at the time of application and any conflicts have been clarified and explained in the memo to record on file for this client.

LIHEAP COORDINATOR SIGNATURE

DATE

ZERO INCOME ASSISTANCE STATEMENT



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DATE

LANDLORD STATEMENT



☐ Rent ☐ Own

**** If you own your home please mark own and sign the bottom signature line.**

PLEASE HAVE YOUR LANDLORD COMPELTE AND SIGN THIS FORM

Is this Subsidized Housing/Section 8? ☐ Yes ☐ No

Tenant Name: _____

Tenant Mailing Address: _____

City: _____ State: _____ Zip: _____

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

NAME	NAME

Date moved in _____ Monthly Rent \$ _____ Tenant Amount \$ _____

Rent includes the following:

☐ Electricity \$ _____ ☐ Water \$ _____ ☐ Other: _____
☐ Garbage \$ _____ ☐ Propane/Fuel \$ _____

Landlord Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone/Fax: _____

Landlord signature

Date

Verified by phone call _____ Date _____

