



Low Income Home Energy Assistance Program (LIHEAP) Application

Assistance Verification Form

Complete this form by having the head of household, spouse and anyone that is 18 years of age or older to print their name and list their social security number. **COMPLETE THIS FORM EVEN IF YOU DO NOT RECEIVE BENEFITS.**

Name: _____

SSN: _____

Name: _____

SSN: _____

Name: _____

SSN: _____

Applicant – To be completed by DHS

Benefit	Amount	Person Receiving Benefit
SNAP (Food Stamps)	\$	
LIHEAP	\$	
TANF	\$	
Child Support	\$	
Aid To Disabled	\$	
General Assistance	\$	
Tribal Work Experience	\$	
Other	\$	

Explain other: _____

Signature of Authorized DHS Personnel

Date

City, State

Phone Number



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- Applicant or spouse must be a member of the Ottawa Tribe.
- You must bring your Ottawa Tribal Card and Social Security cards on all members of the household.
- If you are disabled, you must bring proof of being on SSI (award letter).
- You must bring proof of income for all adult residents in the household.
Please bring your last month of current check stubs. If drawing unemployment, bring in a statement from the unemployment office stating the amount you receive, or a letter stating you do not qualify for unemployment.
- You must bring the electric or gas bill with your name and address.
- You must read and fill out all parts of the application.
- You can apply for assistance twice a year, between November 15th to March 30th and April 1st to September 30th.
- You must meet poverty guidelines.
- One application per household.
- DHS benefit form must be signed and returned.
- All documents must be received before the application can be processed.
 - The maximum amount of assistance is \$300.
 - You are responsible for the remaining balance.
 - All checks are paid directly to the vendor.



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Submit Only One Application Per Household

If your household is directly responsible for heating or cooling cost, you may apply for help in paying this expense by completing this application, and returning it to Ottawa Tribe LIHEAP Office. At least one household member must be an Ottawa Tribal Member for your household to be eligible. You may apply to DHS or with your tribe, but you cannot receive heating or cooling assistance from both.

Did anyone in your household apply for or receive DHS assistance this year?

Yes No

Tell Us About Everyone Who Lives in the Home Starting With The Adult Tribal Member

Tribal Member. _____

Sex

Male
 Female

Name of Adult Tribal Member _____

Date of Birth _____

SSN _____

Married

Single

Divorced

Mailing Address, Street or P.O. Box _____

City _____

State _____

Zip Code _____

Apartment or Lot number _____

Email Address _____

Home Phone _____

Business Phone _____

Cell Phone _____

Tribal Membership Number _____

Other Members of Household

Name	SSN	Relationship	Age	CDIB Card Y/N	Is This Person Employed? Y/N	If yes, Employers Name

Source of Income For All Adult Members of Household 18 Years of Age or Older

Unemployment Compensation	\$ _____/Mo.	Workman's Compensation	\$ _____/Mo.
Social Security Income	\$ _____/Mo.	Child Support/Alimony	\$ _____/Mo.
Supplemental Security (SSI)	\$ _____/Mo.	Wages	\$ _____/Mo.
State Aid	\$ _____/Mo.	Self Employed Income	\$ _____/Mo.
AFDC	\$ _____/Mo.	Spouse Income	\$ _____/Mo.
Veterans Benefits	\$ _____/Mo.	Other Income (Specify)	\$ _____/Mo.
Retirement/Pension	\$ _____/Mo.	Total Household Income	\$ _____/Mo.

Does the household receive SNAP (Food Stamps)?

Yes

No

Donated or Indian Commodity food?

Yes

No

What are you applying for help with?

Electric

Gas

Propane

Is the Applicant Disabled?

Yes

No

Is the Spouse Disabled? (If yes, furnish proof)

Yes

No

Do you presently have a shut-off notice or is your fuel supplier refusing to deliver? Yes No

I declare that the information I have given on my application is true and correct and that I will cooperate with Tribal and Federal officials should my application become part of a quality control audit review. I understand that the LIHEAP Program is Federally funded and that the penalty for providing false information shall be a fine or imprisonment or both. I hereby authorize Tribal Representatives to make any necessary investigation of my financial condition or other information regarding my eligibility. I understand that I have a right to a fair hearing if I am not satisfied with the decision, action, or any unreasonable delay in a decision on my application. A request for a hearing must be submitted in a written form to the Ottawa Tribe Office within ten (10) days of decision notification.

Applicant's Signature

Date

Counselor Intake Signature

Date

Approved

Denied

Reason for Denial: _____

Amount Paid on:

Electric: \$ _____

Gas: \$ _____

Propane: \$ _____