

# SOCIAL SERVICES APPLICATION FOR LIHEAP 2024



**ALL SERVICE PROGRAMS ARE BASED ON AVAILABLE FUNDING. ALL DOCUMENTATION MUST BE RECEIVED BY THE SOCIAL SERVICES DEPT. FOR AN APPLICATION TO BE COMPLETED IN A TIMELY MANNER.**

## **DOCUMENTATION NEEDED TO COMPLETE APPLICATION: LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

- 1. Application must be completed and signed for processing**
- 2. Tribal Verification**
- 3. Proof of income/or no income form filled out**
- 4. Copy of statement utilities (Vendor)**
- 5. Proof of disability if disabled**

### **WILL NOT ACCEPT INCOMPLETE APPLICATIONS**

**Note: Members are eligible for assistance once in the Summer and once in the Winter provided funding is available. Under crisis circumstances members can be assisted up to three times through LIHEAP.**

**Winter Months: October- March**

**Summer Months: April- September**

**100 Percent, 110 Percent, and 150 Percent of the Federal Poverty Guidelines (FPG) for 50 states and the District of Columbia Published on January 19, 2023 by the U.S. Department of Health and Human Services.**

**The tables below show the calculations for the FPG for optional use in Federal Fiscal Year (FFY) 2023 LIHEAP and mandatory use in FFY 2024 LIHEAP.**

<b>Size of Household</b>	<b>100% FPG Poverty Guidelines</b>	<b>110% of FPG Poverty Guidelines</b>	<b>150% of FPG Poverty Guidelines</b>
1	\$14,580	\$16,038	\$21,870
2	\$19,720	\$21,692	\$29,580
3	\$24,860	\$27,346	\$37,290
4	\$30,000	\$33,000	\$45,000
5	\$35,140	\$38,654	\$52,710
6	\$40,280	\$44,308	\$60,420
7	\$45,420	\$49,962	\$68,130
8	\$50,560	\$55,616	\$75,840

For households at 150 percent of FPG with more than 12 members add \$7,710 for each additional member.

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>

<b>PHYSICAL ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

<b>SOCIAL SECURITY NO.</b>	<b>TELEPHONE NO.</b>	<b>DATE OF BIRTH</b>	<b>GENDER</b>

Ethnicity :  Hispanic  Latino  Spanish Origins  Other

**ASSISTANCE FOR** (PLEASE CIRCLE ONE): ELECTRIC WOOD PROPANE CRISIS

**PREFERRED WOOD VENDOR:** \_\_\_\_\_

**WOOD VENDOR PHONE NO:** \_\_\_\_\_

**LIST ALL MEMBERS OF YOUR HOUSEHOLD:**

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>SOCIAL SECURITY NUMBER:</b>	<b>DATE OF BIRTH:</b>	<b>RELATION TO YOU:</b>	<b>GENDER:</b>	<b>ETHNICITY:</b>

**SOURCE OF INCOME IN HOUSEHOLD: LIST ALL HOUSEHOLD INCOME INCLUDING APPLICANT:**

<b>NAME:</b>	<b>SOURCE OF INCOME:</b>	<b>HOW OFTEN: WEEKLY/MONTHLY:</b>	<b>RECEIPTS/PAYSTUBS ATTACHED:</b>	<b>STAFF VERIFIED INITIALS:</b>

**APPLICANT NAME OF CURRENT EMPLOYER:** \_\_\_\_\_

**EMPLOYERS ADDRESS**

**EMPLOYERS PHONE NUMBER**

Does anyone in the household receive Food Stamps/Hoopa Food Dist.? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**PRIMARY HEATING SOURCE:**

<b>HEATING SOURCE:</b>	<b>AVERAGE MONTHLY COST:</b>	<b>VENDOR NAME:</b>

Are there any Elders in your home? If so, who? \_\_\_\_\_

Are there any disabled people in your home? If so, who? \_\_\_\_\_

Are there any life-threatening health conditions that may affect your family if utilities are shut off?

\_\_\_\_\_

Do you have a shut off notice or has your service been shut off? \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_

Provide your landlord's name and phone number to verify your residence:

Landlord's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

I certify by signing this application that all information given is true and accurate to the best of my knowledge. I am also aware that giving false information is subject to immediate dismissal of this application process. I understand this application must be accompanied by verification of income and Indian ancestry for all household members:

BAND AFFILIATION: \_\_\_\_\_

APPLICANT PRINTED NAME: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**PIT RIVER TRIBE SOCIAL SERVICES DEPARTMENT**

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FAX: (530) 335-6340

EMAIL: [ssintake1@pitrivertribe.gov](mailto:ssintake1@pitrivertribe.gov)

[ssintake2@pitrivertribe.gov](mailto:ssintake2@pitrivertribe.gov)

SOCIAL SERVICE STAFF SIGNATURE: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

APPLICATION DATE: \_\_\_\_\_

REQUISITION NO: \_\_\_\_\_

APPROVED AMOUNT: \_\_\_\_\_

SOURCE OF FUNDS: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

DATE PROCESSED BY SS DEPT: \_\_\_\_\_

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## LIHEAP POINT SYSTEM

1. \*\*\*ELDERLY (50+), CHILDREN (6 & younger), DISABLED .... (3) \_\_\_\_\_

2. CAL FRESH/FOOD STAMPS/FOOD DIST./SSI ..... (2) \_\_\_\_\_

3. COMBINED ENERGY EXPENSES .....

\$40-\$69 (2) ..... \_\_\_\_\_

\$70-\$99 (3) ..... \_\_\_\_\_

\$100 + (4) ..... \_\_\_\_\_

TYPE OF ASSISTANCE	LOW ASSISTANCE 2-4 PTS	MEDIUM ASSISTANCE 5-8 PTS	HIGH ASSISTANCE 9+ PTS	*ELDERLY *DISABLED *CHILDREN	TOTAL POINTS
UTILITIES/PROPANE	Summer: \$220 Winter: \$320	Summer: \$320 Winter: \$420	Summer: \$420 Winter: 520	(+ \$100.00)	
FIRE WOOD SOFT HARD <small>(Based on seasonal market value)</small>	¼ cord hard ¼ cord soft	½ cord hard ½ cord soft	1 full cord hard 1 full cord soft	½ mix of hard and soft wood	

<b>PAID TO:</b>	
<b>AMOUNT APPROVED:</b>	
<b>DATE PROCESSED BY SS DEPT:</b>	

Updated Application: 01/08/2024