

SOCIAL SERVICES APPLICATION FOR LIHEAP FFY 2025



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 zero income form filled out for all adults**
- 4. Copy of utilities statement (Vendor)**
- 5. Proof of disability if disabled**

WILL NOT ACCEPT INCOMPLETE APPLICATIONS

Members are able to receive, if eligible, one regular assistance (Summer or Winter) and one crisis assistance (Summer or Winter) contingent on funding.

Winter Months: October-March

Summer Months: April-September

The table below shows the calculations for the 60% AMI for mandatory use in Federal Fiscal Year (FFY) 2025 LIHEAP

Geographic Level	SMI for 4-Person Family	60% SMI for 1 Person	60%SMI for 2 Person	60% for 3 Person	60% for 4 Person	60% for 5 Person	60% for 6 Person
California	\$121,926	\$38,040	\$49,745	\$61,450	\$73,155	\$84,859	\$96,564

For each additional household member above six persons, add three percentage points to the percentage for a six-person household (132 percent) and multiply the new percentage by 60 percent of the States estimated median income for a four-person household.

What is your primary heating source? _____

What is your average monthly heating cost? _____

What utility company do you use for heating? _____

ASSISTANCE TYPE (PLEASE CIRCLE ONE): ELECTRIC WOOD PROPANE

Does anyone in the household receive Food Stamps/Hoopa Food Dist.? _____

Are there any elders in your home? If so, who? _____

Are there any disabled persons in your home? If so, who? _____

Are there any children in your home that are 6 or younger? _____

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

Explain:

Do you have a shut off notice? _____

Has your service been shut off? _____

Do you rent or own your home? _____

If you rent are your utilities included in your rent? _____

**TO REPORT SUSPECTED WASTE, FRAUD, AND ABUSE PLEASE VISIT
OIG.HHS.GOV/FRAUD/REPORT-FRAUD OR CALL 1-800-HHS-TIPS**

**DENIED APPLICANTS CAN SUBMIT A WRITTEN REQUEST FOR A FAIR HEARING. REQUEST
MUST BE SUBMITTED TO TRIBAL CHAIRMAN OR VICE-CHAIRMAN WITHIN 30 DAYS OF
BEING NOTIFIED OF LIHEAP APPLICATION BEING DENIED.**

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:

APPLICANT PRINTED NAME: _____

APPLICANT SIGNATURE

DATE

PIT RIVER TRIBE SOCIAL SERVICES DEPARTMENT

36970 Park Ave

Burney CA 96013

PHONE (530) 335-5421 EXT : 2013 & 2015

FAX : (530) 335-6340

EMAIL : ssintake1@pitrivertribe.gov

ssintake2@pitrivertribe.gov

SOCIAL SERVICES STAFF SIGNATURE: _____

FOR OFFICE USE ONLY:

APPLICATION DATE: _____ REQUISITION NO: _____

APPROVED AMOUNT: _____ SOURCE OF FUNDS: _____

APPROVAL DATE: _____ DATE PROCESSED BY SS DEPT: _____

Circle One: **Regular Assistance** **Crisis Assistance**

Circle One: **Summer** **Winter**