

# **SOCIAL SERVICES APPLICATION FOR LIHEAP FFY 2026**



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.

Max Assistance - \$380/Min Assistance - \$190

Fire Wood – Max Assistance 1 Cord/Min Assistance ½ Cord

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	\$128,144	\$39,980	\$52,282	\$64,584	\$76,886	\$89,187	\$101,489

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.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Band: \_\_\_\_\_

ETHNICITY:  Hispanic  Latino  Spanish Origins  Other

### **LIST ALL MEMBERS OF YOUR HOUSEHOLD:**

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP TO YOU	SEX	ETHNICITY

### **LIST ALL SOURCES OF INCOME IN HOUSEHOLD:**

**NOTE: LIST ALL HOUSEHOLD INCOME INCLUDING APPLICANT**

NAME	SOURCE OF INCOME	MONTHLY AMOUNT
	<b>TOTAL</b>	

**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 hereby certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in the immediate dismissal of my application. I also acknowledge that this application must be submitted with verification of income for all household members aged 18 and older, as well as Pit River Tribal Enrollment Verification for at least one household member.**

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

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**APPLICANT SIGNATURE**

**DATE**

PIT RIVER TRIBE SOCIAL SERVICES DEPARTMENT

36970 Park Ave

Burney CA 96013

PHONE (530) 335-5421 EXT : 2015

FAX : (530) 335-6340

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

(Please call and verify receipt of application with Social Services Staff)

**SOCIAL SERVICES 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: \_\_\_\_\_

Circle One:

**Regular Assistance**

**Crisis Assistance**

Circle One:

**Summer**

**Winter**