SOCIAL SERVICES APPLICATION FOR LIHEAP FFY 2027

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 TIMLEY MANNER. APPLICANT MUST LIVE WITHIN THE ANCESTRAL BOUNDS.

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) 2027 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	$133,021	$41,502	$54,272	$67,042	$79,812	$92,581	$105,351

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 APPLICANTS

NAME	SOURCE OF INCOME	MONTHLY AMOUNT
	TOTAL	

What is your primary heating source? _____
What is your average monthly heating cost? _____
What utility company do you use for heating? _____

ASSISTANCE FOR (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 ADMINISTRATOR 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: _____

_____

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

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

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**