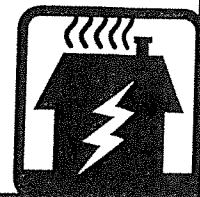
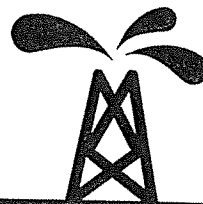
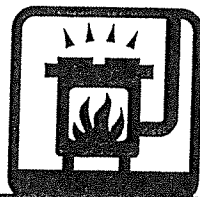
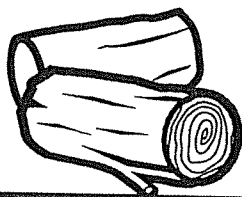
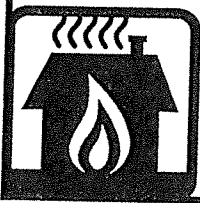


2023 / 2024

LIHEAP

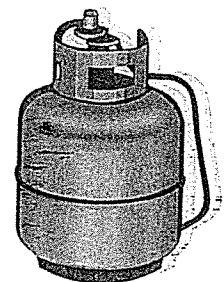
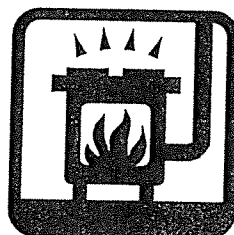
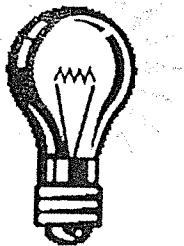
APPLICATION



Please use this Check-off List to Ensure All Information is Submitted with Application

2023/2024 LIHEAP PROGRAM

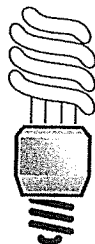
- LIHEAP Application Completely Filled Out.
- Applicant Disclaimer and Release Completed and Signed:.
- Copy of Tribal Identification.
- Social Security Numbers for ALL Living in Home.
- Past 30 days Income for ALL Adults in Home.
- Zero Income Statement (for adults 18 and over with no income).
- Current Utility Statement (must be in Tribal Members name or Authorized User on the account).



LIHEAP

Low Income Heating Energy Assistance Program

- Income criteria applies.
- **Does not have to have Shut-off Notice.**
- Is a “first come, first served” program.
- Assists Tribal Members in the 6 county service area and Clackamas County.
- Adult Tribal Members name (adult tribal member who lives in the home) MUST be on billing statement.
- If no adult Tribal Member is in the home, family can still apply if there is a Tribal Member youth in the home. Must have documentation of child living in the home.
- LIHEAP assists with electric, gas, propane, pellet, oil, or wood.
- Typically LIHEAP is open from October 1st (or when funded) and ends the last week of May or funds have been depleted (which ever comes first).
- If client has received LIHEAP or LIEAP (Low Income Energy Assistance Program) as of October 1, 2023 from another agency, they are not eligible to apply through CTGR Social Services.





Confederated Tribes of Grand Ronde
 Social Services Department
 9615 Grand Ronde Rd.
 Grand Ronde OR. 97347
 1-800-242-8196 or 503-879-2034
 Fax: 1-503-879-5127

Please read carefully. It is very important that you follow all instructions regarding assistance for the 2023/2024 LIHEAP application. If your household qualifies, the amount of assistance will depend on the number of persons in your household, income levels and housing status.

The intent of the Low-Income Housing Energy Assistance Program (LIHEAP) is to provide support to eligible households to offset residential energy costs. LIHEAP is not an entitlement program.

LIHEAP funds are authorized by the Federal Human Services Reauthorization Act as determined by Congress. Congressional findings indicated that there have been dramatic increases in the cost of home energy, and that this cost imposed disproportionately larger burden on fixed-; low - and lower-to middle income households.

For a family size of:

Gross monthly income cannot be over:

1.....	\$ 2,786.00
2.....	\$ 3,643.00
3.....	\$ 4,500.00
4.....	\$ 5,357.00
5.....	\$ 6,214.00
6.....	\$ 7,071.00
7.....	\$ 7,232.00
8.....	\$ 7,392.00
For each additional person add:	\$ 150.25

If you think you qualify for the LIHEAP program, **complete, sign and return** the attached application form along with all requested documentation.

The following must be returned to Social Services in order to apply for LIHEAP:

- ✓ COPY OF APPLICANTS TRIBAL I.D.
- ✓ The completed & signed application form
- ✓ Copies of Social Security cards from all household members.
- ✓ Documentation of income for all household members for the last 30 days.
- ✓ An original or a copy current Utility Statement (must be in adult Tribal Members name, Authorized User on account or the parent of a Tribal member child living in the home). You may be required to show proof of Tribal member child living in home.
- ▶ **Zero Income Statement (if applicable).**

IMPORTANT INFORMATION:

- Funds for this program are limited
- We strongly advise all households to continue paying your utility bill until the LIHEAP Application has been determined eligible for services and a credit from the LIHEAP Program appears on your statement. If you are having problems paying your utility bill please contact your utility company to make payment arrangements.

2023/2024 LHIEAP Instructions

These instructions are included to assist you in completing the application. If your application is not completely and accurately filled out, your assistance will be delayed or not processed. Please print legibly your responses on the application form.

1. Do not fill out the official use only area.
2. **A phone number is crucial.** Please fill out the space. If you have no phone, please indicate a message phone number.
3. It is important that every member of your household is included in the household information section. If additional space is needed, please provide information on a separate piece of paper and attach to the LIHEAP application.
4. Each line represents one person in your household. Each line **must** be completely filled out, and the information **must** be accurate per person.
5. **Social Security Number:** You **must** provide a Social Security number for each person in the household. Please submit copies of all Social Security cards with the LIHEAP application.
6. **Name:** On separate lines, please print the name of each individual in your household.
7. **Gender:** Each individual must be identified by their gender.
8. **Birth Date:** For each person please indicate the month-day-year of their birth.
9. **Employed Y or N:** Indicate "Y" for yes "N" for no to indicate the employment status for any person in the household over the age of 18.
10. **Food Stamps:** Indicate "Y" for yes "N" for no for any person in the household receiving food stamps.
11. **Income \$:** Please indicate all persons in the household who receive income of any kind and the amounts received.
12. **Income Frequency:** For every income amount (For example, weekly, bi-weekly, monthly, etc.) listed on the application, please indicate how often that person receives that amount.
13. **Income Source:** Please describe the source of income for each person in the household who receives any kind of income. Examples could include, ""Social Security", "Employer", "Tribal Assistance", or "Pension". **Note: it is very important that you make a copy of each income. Copies can include, wage stubs, Social Security Award Letter, or copy of checks, print-out from TANF, etc.**
14. **Permanent Disability:** Indicate "Y" for yes "N" for no for each person on the application to indicate whether they are permanently or temporarily disabled.
15. **Homebound:** Indicate with a "✓" for an individual that requires additional assistance with completing forms and unable to physically leave home.
16. **Ethnic:** Indicate each individual's ethnic background with the appropriate abbreviation located at bottom of the application.
17. **Veteran:** Indicate with a " ✓" for an individual that has served in the armed forces.
18. **Education Level:** Please list the highest grade attained by each person listed.
19. **We must have the current and accurate physical address of your household. In addition, please include your mailing address if it is different from your physical address.**
20. The rest of the information on the application is self explanatory, and it must be filled out completely.
21. The Applicant Signature is most critical. We can not process your application until it has been signed by the applicant and other head of household (if that applies to your situation).



Confederated Tribes of Grand Ronde
Social Services Department
LIHEAP AUTHORIZATION APPLICATION

ROLL #: _____

PLEASE COMPLETE ALL INFORMATION.

Street Address: _____ PO Box: _____

City: _____ County: _____ Zip Code: _____

Home Phone #: _____ Message #: _____

Email: _____

Household Members Names	Education Level	Ethnic:	Social Security Number:	Gender & Birth Date
_____	_____	_____	_____	M F _____
_____	_____	_____	_____	M F _____
_____	_____	_____	_____	M F _____
_____	_____	_____	_____	M F _____
_____	_____	_____	_____	M F _____

Education Level

K = Kindergarten thru 8th Grade
N = 9th—12th Non Graduate
HS = High School Graduate / GED

PS = Some College—Non Graduate
CG = 2 or 4 Year College Graduate

Ethnic Background

NA = Native American or Alaska Native
W = White
H = Hispanic
P = Native Hawaiian or Pacific Islander

AS = Asian American
AF = African American
M = Mixed Race
NO = No Response

INCOME SOURCE

Wages
No Income
Pension
Other (Please list)

TANF
SSI
Tribal Assistance

Social Security
Unemployment
Child Support

List Income for **All** Household Members.

Household Members Name:	Type of Income & Frequency:	Dollar Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all Household members who are employed.

_____	_____
_____	_____

Do You Receive Food Stamps? YES or NO

Disability?

Home bound?

Veteran?

YES or NO

YES or NO

YES or NO

If Yes, Household Members Name:

If Yes, Household Members Name

If yes, Household Members Name

PLEASE CIRCLE APPROPRIATE RESPONSE FOR EACH QUESTION

Are heating costs included in your rent? YES NO

Have you received LIHEAP in the past? YES NO

Have you received a shut-off notice? YES NO

If yes, when are you scheduled for shut-off? _____

Has your home ever been weatherized? YES NO

Is anyone in your family a farm worker? YES NO

Have you received LIHEAP from another agency? YES NO

What type of home do you live in:

House Multiple unit (2-4) Multiple Unit (4+) Hotel / Motel Mobile Home
Travel Trailer

What type of heat is in your home:

Electric Natural Gas Wood Oil Propane Pellet Other

Do you.....?

Rent (Heat not included) Rent (Heat included) Own Subsidized / Section 8 (Heat included)
Subsidized / Section 8 (Heat not included)

Type of Household

Single Married Single Parent 2-Parent Co-habitants

The information you provide will be used to determine if you are eligible for an energy assistance payment. This program is voluntary. If you chose to apply for assistance, you must give all required information. During application processing, we may need to ask you for more information in order to determine your eligibility.

APPLICANT DISCLAIMER AND RELEASE

By signing this form I hereby authorize Confederated Tribes of Grand Ronde, Social Services Department or its agents, access to any records in order to verify information given. I also consent to any legal authorized investigation for confirmation of that information. I agree to let Department of Human Services give information to CTGR Social Services Department or its agents, so that I can get energy assistance. I am aware that my fuel supplier may receive a copy of the document to release information concerning my energy bills both past and future.

If I receive assistance to which I am not entitled as a result of withholding information or knowingly giving fraudulent information, I must repay the assistance and may be found guilty of fraud and fined up to \$10,000 or subject to prison, or both. I understand that no person may be denied assistance on the basis of sex, age, handicap, religion, or political belief.

I further understand that if my application is unjustly denied or is not processed in a timely manner that I may be entitled to a fair hearing, if requested within 30 days of the completed application or date of denial. I declare under penalty of perjury, that the information on this application is true and correct.

My signature gives consent for other offices of the state and federal governments, their designated subcontractors, and the utility or home energy supplier(s) to share information including information about my account, with Yamhill County Action Partnership (YCAP), Mid-Willamette Valley Community Action Agency, Dallas Resource & Referral, and other agencies within the counties of Clackamas, Polk, Marion, Multnomah, Tillamook, Washington and Yamhill who offer LIHEAP.

Applicant Signature: _____ **Date:** _____

Please Note: If no information is needed from the utility, the applicant or authorized representative may apply on behalf of the household. If any information is needed from the utility, the account holder must authorize the utility to release the information.

Applicant Must Also Complete Information in the Box Below

SIGNATURES: CTGR Tribal Member, applicant or authorized representative

I authorize _____ to release my utility account information to The
(utility or vendor name)

Confederated Tribes of Grand Ronde Social Services Department for the purpose of providing energy assistance services for the current program year 10/01/2023—9/30/24

Utility Account Number: _____

Signature of account holder, applicant, or authorized representative (circle one) _____ Date _____

AMOUNT APPROVED: \$ _____

Intake Worker Signature: _____ Intake Date _____

Agency Certification: The above named applicant has met the income eligibility requirements for the Confederated Tribes of Grand Ronde Low Income Home Energy Assistance Program is authorized to receive assistance in the amount above.

Authorizing Agency Signature: _____ Date _____



Agency Use Only



ZERO INCOME STATEMENT

This form must be completed and signed by the applicant whose household has little or no income.

Has your household received any income in the month before you applied for LIHEAP?

YES NO

If yes, please tell us where it came from and how much you received:

Please Tell us how your household is meeting it's needs for the following items:

Food: _____

Shelter: _____

Utilities (electricity, natural gas, water, etc.): _____

Print Name

Roll #

Signature

Date