

2026 / 2027

LIHEAP



low-income Home

Assistance Program

APPLICATION



LIHEAP

2026/2027

Low Income Home Energy Assistance Program

- Income criteria apply.
- Does not require Shut-off Notice,
- Is a "first, come first served" program.
- Assists Tribal members in the 7 county service area (Polk, Yamhill, Marion, Tillamook, Washington, Multnomah, Clackamas).
- Adult Tribal Members name (adult CTGR tribal member who lives at home) MUST be on the billing statement or Authorized User on the utility account.
- If no adult Tribal Member is in the home, family can still apply if there is a CTGR Tribal Member youth in the home. Must provide documentation of child living in the home.
- LIHEAP assists with electric, natural gas, propane, pellet, oil, or wood
- Typically, LIHEAP is open from October 1st (or when funded) and ends September 30th or when funds have been depleted (whichever comes first).
- If client has received LIHEAP or LIEAP (Low Income Energy Assistance Program) as of October 1st, 2025, from another agency, they are not eligible to apply through the CTGR Social Services for regular LIHEAP assistance.

IMPORTANT INFORMATION:

FUNDS FOR THIS PROGRAM ARE LIMITED.

STRONGLY ADVISE ALL HOUSEHOLDS TO CONTINUE PAYING YOUR
UTILITY BILL UNTIL THE LIHEAP APPLICATION HAS BEEN
DETERMINED ELIGIBLE FOR SERVICES AND A CREDIT FROM LIHEAP
HAS BEEN APPLIED TO YOUR ACCOUNT.



Confederated Tribes of Grand
Ronde Social Service Department
9615 Grand Ronde Rd.
Grand Ronde OR 97347
1-800-242-8196 or (503) 879-
2034 Fax: (503) 879-2127 Email:
SSDInfo@grandronde.org

Please read carefully. It is very important that you follow the instructions regarding assistance for the 2026/2027 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 Home 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 increased in the cost of home energy, and that this cost imposed disproportionately larger burdens on fixed- low— lower to middle income households.

For a family size of:

Gross monthly income cannot exceed:

1	\$3,199
2	\$4,183
3	\$5,167
4	\$6,151
5	\$7,135
6	\$8,120
7	\$9,104
8	\$10,088

For each additional person add

\$150.25

If you think that you qualify for the LIHEAP program, completes-sign-and-returnthe attached application form along with the following required documentation.

☐ COPY OF APPLICANTS TRIBAL ID

☐ COPIES OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS

☐ DOCUMENTATION OF INCOME FOR ALL HOUSEHOLD MEMBERS FOR THE LAST 30 DAYS

☐ COPY OF CURRENT UTILITIY STATEMENT (MUST BE IN TRIBAL MEMBERS NAME, OR BE AUTHORIZED

USER ON THE ACCOUNT, OR THE PARENT OF A TRIBAL MEMBER CHILD LIVING IN THE HOME) ☐ZERO INCOME STATEMENT (IF APPLICABLE)



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

N = 9th-12th Non Graduate

HS = high School Graduate/ GED

PS = Some College – Non Graduate

CG = 2-4 year College Graduate

Ethnic Background

NA = Native American

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 Your Receive Food Stamps? YES ☐ or NO ☐

Disability?

Home bound?

Veteran?

YES or NO

If Yes, Household Members Name:

YES or NO

If Yes, Household Members Name

YES or NO

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 year? 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 10/01/2026—9/30/2027

Utility Account Number: _____

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

Date



ZERO INCOME STATEMENT

LIHEAP 2026/2027

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