2027-2028

LIHEAP

Low Income Home Energy Assistance Program



APPLICATION

LIHEAP
2027/2028
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 1 st (or when funded) and ends September 30th or when funds have been depleted (whichever comes first).
- If client has received LIHEAP as of October 1 st , 2026, 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 2027/2028 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	$3,361
2	$4,395
3	$5,429
4	$6,463
5	$7,497
6	$8,531
7	$8,724
8	$8,918
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 utility statement (must be in Tribal Members name, or be authorized user on
- ☐ the account, or parent/guardian of 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 #_____ 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=SomeCollege–NonGraduate
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

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 SNAP/TANF? ☐ 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 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 Hotel / Motel Mobile Home

(4+) 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 infonnation 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 10/01/2027—9/30/2028

Utility Account Number: _____

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

x_____ 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