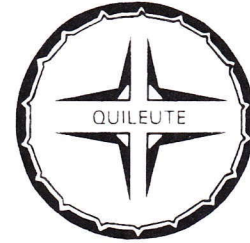




DEPARTMENT OF HUMAN SERVICES

P.O. Box 277
La Push, WA 98350-0277
Telephone: (360) 374-4271
Fax: (360) 374-4282



Quileute Tribal Council

LIHEAP WEATHERIZATION

(LOW INCOME HOME ENERGY ASSISTANCE PROGRAM)

Application for FY 2019

ELIGIBILITY:

Assistance is available to all families living on the Quileute Reservation and Quileutes living within a twenty mile radius receiving any of the following: **TANF, FOOD STAMPS, MEDICAID, GENERAL ASSISTANCE, SUPPLEMENTAL SECURITY INCOME (SSI), WORKMEN'S DISABILITY PAYMENTS, SOCIAL SECURITY RETIREMENT, WORK EXPERIENCE OR, and FAMILIES WHOSE ANNUAL INCOME IS BELOW THE FEDERAL POVERTY GUIDELINES.**

Income includes, but is not limited to: gross wages, social security payments, unemployment compensation, veteran's payments, alimony, child support, pensions, or fishing income.

GENERAL INSTRUCTIONS

This application is for assistance in meeting the family's energy needs. This assistance may be in the form payments to your electric company or fuel provider, or help with making your home more energy efficient.

There can only be one application per household. All applicants must fill out the attached form and provide all required information. Funding for this program is limited.

DOCUMENTS REQUIRED FROM ALL APPLICANTS:

Income Verification/Declaration of no income

Valid Personal Identification

Tribal Identification

PRIVACY

Information on the application will be used to determine eligibility. All information will be kept confidential and will be reviewed only by those specifically involved with program administration.

APPLICANT'S RIGHTS

All applicants have a right to be informed of the results of their applications, and amounts paid on their behalf within 3 business days of receipt of completed application. All applicants have a right to be informed of the reason if the application is denied, or not acted upon a timely manner.

A hearing may be requested in writing or by telephone if the applicant is disabled. Within fifteen days of the request, the **LIHEAP** Coordinator must attempt to informally resolve the issue, or else a formal hearing will be provided.

INCOME AND EXPENSE INFORMATION

Required only for applicants seeking assistance based on family income.

Annual Income as documented on 2017 estimated or filed tax statements (Income includes, but is not limited to: gross wages, social security payments, unemployment compensation, veterans payments, alimony, child support, pensions, or fishing income).

Energy expenses for 2017 as documented by, bills, checks or statements for: electricity, propane, and firewood, other energy used for home heating.

APPLICANT CERTIFICATION:

READ THIS CERTIFICATION AND RELEASE OF INFORMATION STATEMENTS CAREFULLY BEFORE YOU SIGN AND DATE YOUR APPLICATION.

I understand that information in this application may be shared with other energy assistance programs, the Clallam County Public Utility District, and other providers of home energy supplies only for the purpose of the grant. The staff of the Quileute Human Services may seek information from other federal, state, and local agencies to verify the information included in this application, and to assist the applicant in meeting their home energy needs.

I certify that all of the information contained in this application is complete and accurate to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine energy assistance benefits. I understand that *I am signing this certification under penalty of criminal prosecution and loss of other state and federal benefits if I knowingly give false information, which results in assistance for which I am not eligible.*

Applicant Signature _____ ***Date*** _____



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**LIHEAP Weatherization
FY 2019**

Applicant's Name: _____

Mailing Address: _____

City: _____

State: WA

Zip Code: 98350/98331

Physical Address: _____

City: _____

State: WA

Zip Code: 98350/98331

Phone: _____

Household Members

Name:	Age:	Social Security #:

How many in the household are 50 years or older? _____

How many in the household are disabled? _____

How many in the household are less than 3 yrs. old? _____ Less Than 6 yrs. old? _____

What kind of housing do you live in? *Please check one that applies:*

- ☐ Subsidized ☐ Unsubsidized
☐ HUD ☐ Apartment
☐ Mobile Home

What is your current marital status? _____

Do you own your home? _____

How many years have you lived in La Push? _____

What is your source of income? (Please check all the apply to you):

Disability_____

Work Experience_____

Food Stamps_____

SSI_____

GA_____ Job_____

Unemployment_____

Pension_____

Fishing_____

TANF_____

Child Support_____

Other (please explain): _____

Listed Below is some examples of how LIHEAP funds provide weatherization services:

- Caulking
- Weather-stripping
- Insulation
- Storm windows
- Heating system repairs or replacement
- Conservation education
- Easy "Do-It-Yourself" weatherization kits
- Doors
- Compact florescent light bulbs
- Repair or replace water heaters and assist with costs of minor roof, wall, or floor repairs that affect ability to keep the home warm.

What type of assistance are you seeking?

Please explain:

Applicant Signature: _____

Date: _____

LIHEAP Representative: _____

Date: _____



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Please read carefully

DECLARATION OF NO INCOME

The Quileute Tribal LIHEAP Program is required to verify all income of anyone receiving assistance or services. To comply with this requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be held in strict confidence and used only for the purpose of establishing your family unit's eligibility.

CERTIFICATION

I, _____, do hereby certify that I do NOT receive income from ANY source. I understand sources of income include, **but are not limited to**, the following:

Gross Income	Supplemental Security Income (SSI)
Wages	Retirement/Pension Benefits
General Assistance Benefits	TANF Benefits
Self-Employment Income	SNAP Benefits
Contract Income	Rental Income
Unemployment Insurance	Income from Work Study Programs
Social Security Administration (SSA)	Alimony
Veterans Administration Benefits	Child Support
Income Tax Refund	Per-Capita (Gaming Revenue)
Fishing Income	
AmeriCorps Program payments for living allowances, earnings, and in-kind aid	

I certify that the foregoing is true, complete and correct. Inquiries to the above agencies may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of State and Tribal law.

Signature _____ Date _____



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Authorization for Release of Information

I authorize and direct the following agencies to release to the Quileute Tribal LIHEAP Program any information needed to complete and verify my application for participation and/or maintain continued assistance and services for the LIHEAP Program.

I further authorize Quileute Tribal LIHEAP to release information to these agencies as it pertains determining or continuing my eligibility for services, benefits or assistance.

Dept. of Social and Health Services

Olympic Community Action Programs

Quileute Housing Authority

Quileute Tribal Council and Entities

WA State Unemployment Agency

Housing Authority of County of Clallam

Public Utility District

Quileute Human Services Programs

Social Security Administration

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding my household or myself may be needed.

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the Tribal LIHEAP office and will remain in effect for one year from the date signed.

Client Name (please print)

Date

Client Signature

LIHEAP Staff Signature

Date