



**DEPARTMENT OF HUMAN SERVICES**

P.O. Box 277  
La Push, WA 98350-0277  
**Telephone: (360) 374-4271**  
**Fax: (360) 374-4282**  
**Cell: (360)300-7183**

**Email:**  
[stephanie.calderon@quileutetribe.com](mailto:stephanie.calderon@quileutetribe.com)



**Quileute Tribal Council**  
**LIHEAP**

(LOW INCOME HOME ENERGY ASSISTANCE PROGRAM)

Application for FY 2024

**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 of 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:**

***P.U.D. Statement***

***Income Verification/Declaration of no income***  *All income verification from the month before from everyone in the household over the age of 18. If there is fishing income, Quileute Natural Resource Income Verification form is required and must be completed by QNR Staff.*

***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 the 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**

Income is required only for applicants seeking assistance based on family income. Annual Income as documented on 2024 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 2024 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 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 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* \_\_\_\_\_





DEPARTMENT OF HUMAN SERVICES

P.O. Box 277

La Push, WA 98350-0277

Telephone: (360) 374-4271

Fax: (360) 374-4282

Cell: (360)300-7183

Email: stephanie.calderon@quileutetribe.com



LIHEAP Application
FY 2024

\*Applicant's Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*Physical Address: \_\_\_\_\_

\*Phone: (\_\_\_\_) \_\_\_\_\_

Table with 3 columns: Household Member, Age, Social Security #. Contains 5 rows for household member information.

\*What type of assistance are you seeking?

- Electric Wood Pellets Propane Electric/CRISIS LIHWAP (water)

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

- Disability

- Work Experience
- Food Stamps
- SSI
- General Assistance
- Job
- Unemployment
- Pension
- Fishing\_\_ **Quileute Natural Resource income verification form REQUIRED.**
- TANF
- Child Support

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

- Subsidized       Unsubsidized
- HUD               Apartment
- Mobile Home

\*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*LIHEAP Staff: \_\_\_\_\_ Date: \_\_\_\_\_





**DEPARTMENT OF HUMAN SERVICES  
LIHEAP**

P.O. Box 277  
La Push, WA 98350-0277  
**Telephone: (360) 374-4271**  
**Fax: (360) 374-4282**  
**Cell: (360)300-7183**

**Email: [stephanie.calderon@quileutetribe.com](mailto:stephanie.calderon@quileutetribe.com)**



**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

Housing Authority of County of Clallam

Olympic Community Action Programs

Public Utility District

Quileute Housing Authority

Quileute Human Services Programs

Quileute Tribal  
Council and Entities

Social Security Administration

WA State Unemployment Agency

WA State Child Support Enforcement

West End Outreach

Quileute Natural Resources

**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.

\_\_\_\_\_  
Head of Household (print name)

\_\_\_\_\_  
Head of Household (signature)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Spouse/other (Print name)

\_\_\_\_\_  
Spouse/other (signature)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
LIHEAP Staff Signature

\_\_\_\_\_  
Date:



**DEPARTMENT OF HUMAN SERVICES  
QUILEUTE TRIBAL TANF**

P.O. Box 277  
La Push, WA 98350-0277  
**Telephone: (360) 374-4271**  
**Fax: (360) 374-4282**  
**Cell: (360)300-7183**

**Email: [stephanie.calderon@quileutetribe.com](mailto:stephanie.calderon@quileutetribe.com)**



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 \_\_\_\_\_ | \_\_\_\_\_





**DEPARTMENT OF HUMAN SERVICES  
QUILEUTE TRIBAL TANF**

P.O. Box 277  
La Push, WA 98350-0277  
**Telephone: (360) 374-4271**  
**Fax: (360) 374-4282**  
**Cell: (360)300-7183**

**Email: [stephanie.calderon@quileutetribe.com](mailto:stephanie.calderon@quileutetribe.com)**



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 \_\_\_\_\_