

LIHEAP

Documentation Check List

Providing this information will help determine if you are eligible for LIHEAP services. In order to help you in a timely manner, please provide the documentation checked below to the Social Services department as soon as possible. Your application can not be processed with out the required documentation.

√ **Completed LIHEAP Application**

√ **Copy of Social Security Cards for ALL household members.**

√ **Income Verification for all household members.**

(includes but is not limited to: Alimony, Child Support, Tribal Assistance, Pension, Elder's Retirement, V.A. Benefits, Public Assistance/AFS, Social Security Retirement, Social Security Disability, Employment Wages, Unemployment Benefit, Foster Care payments, Tribal Member Disability payments, Guardian & Adoption payments.)

√ **Copy of Utility Bill (must include Tribal Members name on utility statement.)**



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 #: _____

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

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?
YES or NO

If Yes, Household Members Name:

Home bound?
YES or NO

If Yes, Household Members Name

Veteran?
YES or NO

If yes, Household Members Name

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE CHECK APPROPRIATE BOX 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

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(ies) 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

SIGNATURES: Account holder, 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 10/01/14—9/30/15

Utility Account Number: _____

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

Date

PLEASE COMPLETE,
SIGN & 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