

### SUPPORTING DOCUMENTS NEEDED TO PROCESS APPLICATION:

	Complete application with all information fields completed and legible
	Most recent Electric/Fuel Bill/Water Bill
	Income verification for all household members
	Zero income statement if household has zero income
	Supporting Statement form
0	Rent or Mortgage Payment Receipts or completed verification form
	Release of Information
	Confidentiality statement
	Proof of Enrollment (Tribal ID or Certificate of Indian Blood)

### INCOMPLETE APPLICATIONS WILL BE DENIED

CALL OR EMAIL LIHEAP STAFF WITH QUESTIONS

360-276-8215 EXT. 8232 | LIHEAP@quinault.org



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM/LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM 1214 AALIS DR| P.O. BOX 189| TAHOLAH, WA 98587| 360.276.8215 EXT. 8232 OR 8231

### **HEAD OF HOUSEHOLD INFORMATION:**

Last Name:	Fir	rst Name:	MI:	
SSN:	DOB:			
Mailing Address:				
Physical Address:				
Phone Number:				
Quinault Tribal Member: 🗖	Yes D No Enre	ollment Number:		
If head of house hold is not	Quinault list infor	mation of enrolle	d household member tha	t is Quinault
Name:	Enro	ollment Number:		
LIST ALL OTHER HOU	J <b>SEHOLD ME</b> I	MBERS:		
Name		<u>Age</u>	<u>Relationship</u>	<u>SSN</u>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Are any members of the	household perm	anently handica	ap or disabled?   Yes	□ No
If yes, who?				
Has anyone in your hous □ Yes □ No	ehold received e	energy assistano	ce from any program o	ther than LIHEAP?
Who:		When:	Where: _	
LIHEAP STAFF USE:	0-23-18	319-545	5+	



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# LIST GROSS INCOME (EARNED AND SELF-EMPLOYMENT) FOR ALL HOUSEHOLD MEMBERS:

<u>Name</u>	<b>Employer</b>		<u>Amount</u>	Received
1				
DOES ANYONE IN THI UNEARNED INCOME?	E HOUSEHOLD HAVE (	OR EXPECT TO I	RECEIVE AN	Y TYPE OF
		A	C-441	
Supplemental Security Income Social Security Administration	Unemployment Insurance Worker's Compensation	Annuities Dividends	Settlements Tribal Leas	a
Disability Benefits	Alimony	Child Support	TANF	<b>L</b>
Retirement Benefits	Inheritance	Rent/Lease Income	171111	
General Assistance	Commissions	Per Capita		
	One-Time lump-sum payment	-		
	1 unearned income received	•	mbers:	
<u>Name</u>	Type of Income		<u>Amount</u>	Received
1				
TOTAL HOUSEHOLD I	NCOME FOR PAST TH	REE MONTHS O	R ONE YEAR	
Month 1: \$ M	Ionth 2: \$ Mon	ith 3: \$	Year: \$	
DO YOU LIVE IN A:	House □ Trailer □ Apartr	nent		
DO YOU: 🗖 OWN 🗖 RE	ENT <b>T</b> RENT TO OWN			
IS YOUR HEATING CO	ST INCLUDED IN YOU	JR RENT? □ Yes	■ No	
TYPE OF ENERGY ASS	SISTANCE:   Electricity	■ Wood ■ Fuel (I	Propane or Oil)	
FUEL VENDOR:				
IF REQUESTING WOO	D WHAT IS THE LENG	TH AND SIZE N	EEDED?	



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I declare that the information given by me in this application is true and correct. I understand that because the Quinault Indian Nation Low Income Home Energy Assistance Program is federally funded the penalty for providing false information could result in a \$10,000.00 fine or no more than 5 years' imprisonment or both.

I give my consent to any investigation to verify or confirm the information I have provided.

I understand that I have the right to appeal the decision made on my application within ten (10) business days of receiving a decision on the application with Social Services Manager, Amelia Delacruz 360-276-8215 ext.8217.

I understand that if I have any concern or know of any fraudulent activities occurring with the QIN LIHEAP I will report to Amelia Delacruz.

All adult household members must sign and print name

Applicant:	Date:
Other Adult:	Date:
Other Adult:	Date:
Confidentiality statement	
Initial:	
I authorize the use of my personal information, tribal identiaccount numbers, address verification, phone numbers, social security household ages, disabilities and income to determine eligibility if need emergency food program.	numbers, financial profile,



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# QIN LIHEAP RELEASE OF INFORMATION

Name:	DOB:
I request and authorize Grays Harb	oor Public Utility District to release my account
	QIN LIHEAP
	P.O. Box 189
	Taholah, WA 98587
This release applies to account info	ormation regarding balance and credits
Client Signature:	Date:

Release of information valid for one (1) year from date signed



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# QIN LIHEAP ZERO INCOME STATEMENT

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 past 90 days? □ Yes □ No	
If yes, please tell is the source of income and how much you received:	
Explain how your household meets its needs	for the following:
Food:	
Shelter:	
Utility Service (electricity, heat, water):	
Print Name:	Sign:
Date:	
*Dlease provide supporting statement on nev	t nage

<sup>\*</sup>Please provide supporting statement on next page

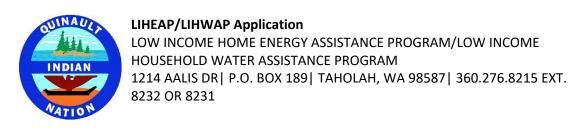
### LIP LO HC 12 82

### LIHEAP/LIHWAP Application

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# **Supporting Statement Form**

I declare that the information given by me in this statement is true and correct to the best of my knowledge. I understand that because the Quinault Indian Nation Low Income Home
Energy Assistance Program is federally funded the penalty for providing false information
shall not be more than a \$10,000 fine or not more than 5 years imprisonment or both.
Name:
Signature:
Date:



# QIN LIHEAP VERIFICATION OF RENT OR MORTGAGE

Landlord:
This will serve as verification for:
Rent amount: Number of Occupants:
Γhe physical address of the rental unit is:
Landlord information:
Name:
Address:
Phone Number:
Data: