

Low Income Home Energy Assistance Application

Applicant Name/Tribal Member _____ M F Social Security No. _____ Birthdate _____ / ____ / ____

Applicant Street Address _____ City _____ Zip _____ Phone _____ (____) _____

Mailing Address (if different from above) _____ City _____ Zip _____ Enrolled-Tribe _____

Number of dependents claimed in household (including yourself)
 Circle applicable: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Dependents Name (s)	Social Security No.	Birthdate	Age	Relationship	Disabled

Method of Heating/Cooling Home: (Circle Applicable) Electric Gas Propane Wood Other _____

Name of Utility Company _____ (Original Utility Bill Required)

I understand that **LIHEAP** assessment certification is for **LIHEAP** eligibility purposes only. I certify that all information is true and correct to the

best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. To my knowledge I am the only person in my household who has applied for **LIHEAP** funds through **RSBCIH, Inc.** The bill is in my name or _____ Relationship _____

_____ Applicant Signature _____ Date

have received money from another agency that receives **LIHEAP** Funds: (Circle Applicable) Y N

have received a copy of the **LIHEAP** Flyer: (Circle Applicable) Y N

is there income in the household? (Circle Applicable) Y N (Six weeks income verification required)

YES, what type? Wages SSI Unemployment Veteran's Benefits Social Security Other _____

I swear under oath on my honor and the honor of my family that I have no income in my household for the month previous to the date and/or currently. I am supplying this information as true and correct for the purposes of participating in the LIHEAP program through Riverside-San Bernardino County Indian Health, Inc. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution, (45 CFR Chapter II, Part 260.350 and 160.354).

_____ Applicant Signature _____ Date

As a **RSBCIH, Inc.** participant, I hereby authorize **RSBCIH, Inc.** to make payment on my account with

_____ Utility Company	_____ Applicant Signature	_____ Date
-----------------------	---------------------------	------------

OFFICE USE ONLY

TYPE OF ENERGY ASSISTANCE (Circle Applicable) REGULAR CRISIS WEATHERIZATION SHUT-OFF

GROSS MONTHLY INCOME _____ MAXIMUM ALLOWABLE _____ CURRENT PAYMENT _____

_____ Employee Signature _____ Date