

FORT PECK TRIBES
P.O. BOX 1027
POPLAR MT 59255
PHONE: 406-768-2435
FAX: 406-768-5833
(ATTN: ENERGY ASSISTANCE)

2018-2019 LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM APPLICATION

1	ALL INCOME VERIFICATION MUST BE ATTACHED SUCH AS WAGES, SELF EMPLOYMENT, CONTRACT INCOME, UNEMPLOYMENT INSURANCE, SOCIAL SECURITY (SSA), SUPPLEMENTAL SECURITY INCOME AND RETIREMENT PENSION BENEFITS, GENERAL ASSISTANCE, TANF, RENTAL INCOME, WIA, ALIMONY, CHILD SUPPORT, INTEREST, DIVIDENDS, OR ROYALTIES, VA BENEFITS, IIM LEDGERS ATTACHED FOR ALL HOUSEHOLD MEMBERS 18 & OLDER? IF NO IIM ACCOUNT EXISTS THE B.I.A WILL PRINT A STATEMENT STATING THERE IS NO ACCOUNT
2	A COPY OF YOUR UTILITY BILL ATTACHED? RENT RECEIPT IF YOU RENT AND THE HEATING COST IS INCLUDED IN THE RENT
3	VERIFY THE APPLICATION SIGNED BY ALL HOUSEHOLD MEMBERS 18 & OLDER
4	APPLICATION MUST BE COMPLETELY FILLED OUT
5	HEAD OF HOUSEHOLD MUST ATTACH PHOTO IDENTIFICATION
6	IF NOT ENROLLED WITH THE FORT PECK ASSINIBOINE AND SIOUX TRIBES, MUST PROVIDE TRIBAL ENROLLMENT CARD OR CIB FOR EVERYONE 18 AND OLDER IN HOME
7	REVIEW, AND DOUBLE CHECK THE APPLICATION TO MAKE SURE IT IS FILLED OUT TO THE BEST OF YOUR KNOWLEDGE
8	SPECIFIC DIRECTIONS TO HOME MUST BE WRITTEN ON THE APPLICATION

**IF THE APPLICATION IS INCOMPLETE OR HAS A CREDIT BALANCE
IT WILL NOT BE ACCEPTED**

**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
APPLICATION FOR ASSISTANCE FOR FY 2018-2019**

Household Composition

A. Applicant/Head of Household _____ Physical Address: _____

P.O. Box _____

Phone # _____ City _____ State _____ Zip _____

B. Age _____ Sex _____

American Indian: () YES () NO

Enrolled In Which Tribe _____
(IF NOT ENROLLED WITH FORT PECK MUST ATTACH CIB OR TRIBAL ID CARD)

C. Did you file an Income Tax Form 1040: () YES () NO

D. List every household member, (IF MORE SPACE IS NEEDED, PLEASE USE THE BACK OF PAPER)

NAME	RELATIONSHIP	AGE	BIRTHDATE	SOC. SEC. #	ENROLLMENT #
	SELF				

E. Does Household contain: Senior Citizen: () YES () NO Handicapped: () YES () NO

Children-age 1 to 2 () YES () NO Children – age 3 to 5 () YES () NO

Household Information

A. List sources of all household income: ****PLEASE MARK ALL SOURCES OF INCOME**

B. ****IF NO INCOME THEN A DECLARATION OF NO INCOME MUST BE FILLED OUT.**

GROSS WAGES	SELF EMPLOYMENT	CONTRACT INCOME	UNEMPLOYMENT INSURANCE	SOCIAL SECURITY (SSA) BENEFITS
SUPPLEMENTAL SECURITY INCOME (SII)	RETIREMENT PENSION BENEFIT	GENERAL ASSISTANCE	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	WORKFORCE INVESTMENT ACT (WIA)
RENTAL INCOME	ALIMONY	CHILD SUPPORT	INTERESTS/DIVIDENDS OR ROYALTIES	VETERAN ADMINISTRATION BENEFITS (VA)

C. FUEL TYPE- MAIN SOURCE OF HEAT

UTILITY COMPANY	ACCOUNT #	NAME ON ACCOUNT
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Which of the following do you use as your primary source of Heat:

Propane _____ Electricity _____ Fuel Oil _____ Natural Gas _____ Wood/Coal _____ Other _____

Do You Own Or Rent Your Home? _____ OWN _____ RENT

Landlord's Name & Address _____

Directions to your home (Be specific): _____

Is the heating costs included in rent payment? _____ Yes _____ No

Weatherization Certificate (Certificated **MUST BE USED** within **30 DAYS** of being issued, and the certificate funds **CANNOT** be sent to another vendor or be re-issued if you lose the certificate.)

D. Do you want a "weatherization certificate", which will be **DEDUCTED** from your benefits (can be used for plastic, duct tape, lath, caulk, electric heater) Value of certificate is \$75. () YES () NO

Declarations:

A. I have been informed of the eligibility requirements established for assistance under the Fort Peck Tribes plan for the Low-Income Home Energy Assistance Plan.

B. I declare that the information given by me in this application is true and correct, and that I will cooperate with Tribal and Federal Review. I understand and agree that providing incorrect information will be cause for automatic disqualification from the LIHEAP program and that I may be criminally prosecuted under Federal and/or Tribal Laws.

C. I have been advised of my right to appeal any decision made with respect to this application. I understand that I have 60 days from the date if this application to request a fair hearing on the denial of if my application is not processed with reasonable promptness (30 days). I also understand that I can request a fair hearing regarding any subsequent decrease in the amount of assistance I am to receive.

SIGNATURE OF APPLICANT	DATE
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INFORMATION RELEASE FORM

TO: VENDOR(S): _____

I AUTHORIZE FOR MY VENDOR: MONTANA DAKOTA UTILITIES, NORVAL ELECTRIC, SHERIDAN ELECTRIC, AND ALL
PROPANE VENDORS TO RELEASE ANY INFORMATION TO THE LIHEAP PROGRAM.

INFORMATION TO BE OBTAINED:

Applicant Signature _____ Date _____

Social Security Number _____

Account Number _____

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INFORMATION RELEASE FORM

TO: (Employer/Income Source):

I (we) authorize the individual, company, or agency shown below to disclose the Program; Fort Peck tribes Low Income Home Energy Assistance Program (LIHEAP) the information specified below concerning myself and/or my minor children. I understand any information obtained will be kept confidential and will be used only for purposes directly connected with the administration of benefits or services, and only during the pertinent time period. I further understand that any information obtained may be released to the proper governmental agency, court of law enforcement agency for purposes of legal investigative actions concerning fraud.

I hereby consent to have information released which is to be used to determine my eligibility for assistance under the Low-Income Home Energy Assistance Program.

INFORMATION TO BE OBTAINED:

INFORMATION SOURCE: Banks, Savings & Loans, Credit Unions, Investment Firms, Employers, Day Care Providers, Social Security Administration files and records, State Dept. of Labor and Industry, Internal Revenue Service, State Dept. of Revenue, Montana State Workers Compensation Division, County Clerk & Recorder, Assessor & Treasurer, Rent & Fuel Vendors, Landlord, Bureau of Indian Affairs, Utility Suppliers and Vendors, Indian Health, Attorneys, Schools, Universities, Colleges, Funeral Homes, Veteran's Administration, Insurance Companies, and Medical Providers.

<hr/> Applicant Signature	<hr/> Social Security Number	<hr/> Date
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****ANYONE 18 & OVER LISTED ON APPLICATION: **MUST SIGN APPLICATION****

<hr/> SIGNATURE	<hr/> SIGNATURE	<hr/> SIGNATURE
<hr/> SOCIAL SECURITY #	<hr/> SOCIAL SECURITY #	<hr/> SOCIAL SECURITY #

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**FORT PECK TRIBES LIHEAP
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
CHECK LIST
FY 2018-2019**

Your LIHEAP application submitted on _____
is **INCOMPLETE** at this time. Please submit the following documents to
complete your application by _____ or your application
will be denied and you will have to reapply.

_____ **PHOTO ID**

_____ **UTILITY BILL OR RENT RECEIPT**

_____ **APPLICATION NEEDS TO BE SIGNED**

_____ **SOCIAL SECURITY NUMBER FOR** _____

_____ **ENROLLMENT NUMBER FOR** _____

_____ **INCOME FOR** _____

****IF NO INCOME THEN WILL NEED A DECLARATION OF NO INCOME
COMPLETED****

****IF INCOME IS PROVIDED BY ODD JOBS ATTACH A WRITTEN STATEMENT
WITH DOLLAR AMOUNT EARNED**

_____ **IIM LEDGER FOR** _____

**IF ENROLLED WITH ANOTHER TRIBE OTHER THAN FORT PECK WILL
NEED A STATEMENT FROM THE TRIBE ON INTEREST/DIVIDENDS
OR ROYALTIES DISBURSEMENTS DATES AND AMOUNT FOR THE
PAST YEAR, WILL ALSO NEED A CIB FROM THE TRIBE.**

**ALL MEMBERS IN THE HOME MUST BE ON THE APPLICATION, IF
SPOUSE DOES NOT LIVE IN THE HOME, PROOF MUST BE SHOWN OR
THE APPLICATION WILL BE INCOMPLETE AND WILL NOT BE
PROCESSED**

X _____ **DATE** _____

**BY SIGNING YOU ACKNOWLEDGE YOU WERE GIVEN NOTICE ALONG WITH
PENDING LETTER IN MAIL ON WHAT IS NEEDED TO COMPLETE APPLICATION**