

BLACKFEET LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

**Will be accepting applications October 1, 2019
through April 30, 2020.**

WHAT YOU WILL NEED TO COMPLETE APPLICATION

- Social Security cards for EVERY household member (children under 6 months excluded).
- Enrollment I.D. of at least 1 household member.
- Latest heating bill (#1 source of heat) or receipt to verify account numbers.
- Secondary heat source must be attached (Documented as #2 heating source).
- Documentation of ALL income for ALL members of household. (go back 12 months from the day you apply).
- Official letters from Social Security/SSI. We will not accept bank statements for proof of income.
- Signed "Information Release Form" for each member 18 years and older. (Do not sign everyone to 1 sheet).
- Documentation of any child care or medical deductions claimed. (bring in actual payments made) Copy of check, receipts, etc.
- People with "0" income need to write a statement verifying he/she has no income for the past 12 months. Include how you survived. How did you pay your bills, who helped you etc...THIS NEEDS TO BE NOTARIZED.
- Letter from TANF/GA verifying you are not receiving benefits.
- Tribal employees can get income verification from Diane Morris at Tribal Finance. Must be for 12 months back.

If you have any question call (406) 338-7977 or (406) 338-7979.

Office hours: Monday Closed to the public.

Tuesday 8:00 - 3:30

Wednesday 8:00 - 3:30

Thursday 8:00 - 3:30

Friday 8:00 - 3:30

BLACKFEET LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

PO BOX 850 / 703 NORTH PIEGAN ST., QUARTERS #51, BROWNING, MT
(406) 338-7977 FAX (406) 338-5163

FISCAL YEAR 2020 APPLICATION FOR HOME HEATING ASSISTANCE

APPLICANT: _____ AGE _____

OTHER NAMES USED: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOUSING PROJECT: _____ HOUSE NUMBER: _____

DIRECTIONS TO HOME: _____

_____PHONE NO: _____ MESSAGE PHONE: _____ WORK PHONE: _____ AMERICAN INDIAN: YES ☐ NO ☐

ENROLLED IN WHICH TRIBE: _____ ENROLLMENT NO: _____

ANYONE IN HOUSEHOLD HANDICAPPED OR DISABLED? _____ WHO: _____
(DOCUMENTATION REQUIRED)

IS ANYONE LISTED ON ANOTHER HOUSEHOLDS APPLICATION? _____

WHOSE APPLICATION? _____

Eligibility will be determined on complete applications within (3) weeks, and payment of the eligible applicant's account will be made within (30) days after the application has been approved.

If these time limits are not adhered to, you may request a Fair hearing. Refer to Attached, Fair Hearing Procedures.

LIST ALL HOUSEHOLD MEMBERS BELOW:

	NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SS#
1.		SELF			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

DEDUCTION:

Child Care Cost \$ _____

Medical Expense \$ _____

Documentation is needed for amount to be deducted from your household gross income.

**** A copy of your most recent heat bill at your current address with account number for your primary & secondary heat source must be attached.**

SOURCES OF INCOME

Please check all of the following sources of income that have been received by any member of your household within the past 12 months.

If "other" checked, please indicate source in the following space:

- | | | |
|-----------------------|-----------------------|------------------------|
| 1- TANF | 7- Self Employment | 13- Property Income |
| 2- Food Stamps | 8- Wages | 14- Alimony Payments |
| 3- SSI | 9- Other | 15- Child Support |
| 4- VA | 10- Unemployment | 16- Worker's Comp |
| 5- General Assistance | 11- Interest Income | 17- Medicare |
| 6- Social Security | 12- Retirement Income | 18- Educational Grants |

Enter the requested information for all household members regardless of age or relationship. Begin with last month and go back twelve (12) months. (Don't include Food Stamps below.) IF THERE IS ANY TIME PERIOD OF ZERO (0) INCOME, PLEASE EXPLAIN YOUR MEANS OF SURVIVAL.

First Person:

COPIES OF DOCUMENTATION TO PROVE ALL INCOME MUST BE INCLUDED

[illegible]

For each household member who works, please list

12 Month Income Total \$ _____

Name _____ Employer: _____ Number of Pay Periods per year _____

Name _____ Employer: _____ Number of Pay Periods per year _____

Name _____ Employer: _____ Number of Pay Periods per year _____

Comments: _____

MARK YOUR SOURCE OF HEAT. The main source of heat will be paid if eligible. Secondary will be paid if funding is available. FILL IN WITH #1 FOR PRIMARY, #2 FOR SECONDARY. **INCLUDE COPY OF ACCOUNT NUMBER FOR BOTH.**

GLACIER ELECTRIC _____

Account No. _____ Name on Account: _____

NORTHWESTERN ENERGY _____

Account No. _____ Name on Account: _____

PROPANE _____ Tank Size/Gallons _____

Tank No. _____ Own _____ Rent _____ Name of Company _____

PELLETS

Name of Company _____

WOOD _____

Directions to home: (Be specific; Type/color of home, etc.) _____

Type of Wood Preferred _____

Do you authorize anyone to accept and sign for your wood deliveries? Yes _____ No _____ Who _____

Do you know how to measure a cord of wood? _____

Is there anyone in your household that can split wood? _____

You can request that we hire someone to split it for you. Your benefit amount will be charged \$25.00.

OTHER _____ TYPE OF HEAT _____ Company Name _____

Account No. _____ Name on Account: _____

Do you own your home? _____

Do you rent your home?(Landlord's name and address) _____

Are heating costs included in rent payment? _____

Are you in need of a furnace repair? _____

As a service to you we have an Energy Conservation segment in our program. Some of the information you may request include pamphlets on Learning To Read Your Meter and Calculating Your Bills, How to Replace Furnace Filters, How to Install Water Heater, Blankets, etc. We also have short movies on Energy Conservation and Surviving a Disaster that you may watch in our education room. Time spent on education can earn you points which can be redeemed in our Incentive Store. Ask for more details.

I DECLARE:

That I have been informed of the eligibility requirements established for assistance under LIHEAP. The information given by me in the application is true and correct, and that I will cooperate with Tribal and Federal personnel should my application become part of a Quality Control Review.

That I understand that because LIHEAP is federally funded, the penalty for providing false information shall not be more than \$10,000.00 fine or not than 5 year imprisonment, or both.

That I have been advised of my right to appeal any decision made with respect to the application. That prior to signing the attached form, I received in my primary language appropriate verbal and written assistance in understanding all questions and conditions it contains. Furthermore, I consent to have information released to the LIHEAP pertaining to my fuel/heating account for FY 2020 and/or information concerning household income and household membership to determine my eligibility. I further authorize the agency to use this application to determine my eligibility for weatherization services.

Applicant Signature & Date _____ Spouse Signature & Date _____

Other Adult in Household _____ Other Adult in Household _____

Other Adult in Household _____ Office Aide Signature _____

FOR OFFICE USE ONLY:

Household Income \$ _____
\$ _____
\$ _____ = \$ _____

LESS:

Child Care Cost \$ _____
Medical Cost \$ _____ = \$ _____
Total \$ _____

Application APPROVED _____ DENIED _____

REASON DENIED _____

HEARING REQUESTED _____

RESULTS _____

BLACKFEET LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
RELEASE OF CONFIDENTIAL INFORMATION

CLIENT NAME: _____ S.S. NO. _____

ADDRESS: _____
(POST OFFICE BOX, STREET) (CITY) (STATE) (ZIP)

I (we) authorize the individual, company or agency shown below to disclose the Program; **Blackfeet 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.

INFORMATION SOURCE: Banks, Savings, and 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 and Recorder, Assessor, and Treasurer, Rent and 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.

INFORMATION TO BE REQUESTED: Account balances, Loan Information, Certificates of Deposit, Stocks and Bonds, Safety Deposit Boxes, Earnings, Social Security payments and Social records (including NUMI), Supplemental Security payments, Social Security records and payments for my minor children, VA Benefits, Personal and Business income and assets, Workers Compensation Benefits, Unemployment Compensation, Residency, Household Compensation, Identity, GA payments, LIM accounts, Lease payments, Amount of all student income such as Scholarships, Grants, Student loans, Work Study income, Tuition, Fees breakdown of personal expenses such as day care, transportation, etc., Rent information, settlements, Amounts of fuel and/or rental assistance received from agencies, Utilities billing information, Day care payments, Negative rent payments, Inheritance information, stocks and bonds, and any other information needed to determine eligibility for Home heating assistance.

SIGNATURE OF APPLICANT OR PERSON SIGNING ON HIS/HER BEHALF: _____

X _____ DATE: _____

Each Household member 18 years of age or older must sign a separate information release form. Obtain additional forms from LIHEAP Staff.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FAIR HEARING PROCEDURES

If you wish to appeal any decision regarding your application you have the following rights:

1. A preliminary meeting will be arranged with the LIHEAP Director. If nothing is settled you will be allowed a hearing.
2. A hearing will be held upon request no later than:
 - A. 60 days after sending notice of payment or denial.
 - B. 10 days after sending notice of termination.
3. The time limit from the hearing request to action is:
 - A. Within 30 days after the request or;
 - B. Before decreasing or terminating payment, if that is the issue.
4. You are permitted a representative to accompany you.
5. You are allowed to submit written or oral evidence.
6. You are allowed witnesses.
7. You are allowed interpreters.

If you wish to appeal any decision regarding your application, please contact our office at 406-338-7977.