

2023 LIHEAP CHECK OFF LIST

Do not submit intakes unless fully completed with all required items.

THIS WILL BE THE RESPONSIBILITY OF THE TRIBAL LIHEAP COORDINATOR, BY SIGNING INTAKE YOU ARE VERIFYING ALL INFORMATION IS TRUE AND CORRECT

1. **Fully Completed Intake Form**
One intake per household

2. **Current Income Documentation for the Past 30 Days** for all adults or if they have no income, they must complete the *Certification of Income & Expenses Form*

3. **ALL BILLS, INVOICES and QUOTES MUST INCLUDE**
 - 1) **ACCOUNT NUMBER**
 - 2) **NAME ON THE ACCOUNT**
 - 3) **COMPANY NAME AND ADDRESS**

If applying for assistance with more then one bill please provide amounts for each not exceeding the maximum amount allowed.
(NO SCREEN SHOTS)

 Current Energy Bill / Propane / Water

 Wood or Pellets

Vendor Name: _____

Address: _____

Phone Number: _____

Dollar Amount Charged Per Cord: _____

NCIDC WILL NOT PAY FOR WOOD THAT HAS ALREADY BEEN DELIVERED
- NO ACCEPTIONS

4. **Responsibility Statement**

5. **Tribal Verification for household**

NCIDC LIHEAP/LIHWAP APPLICATION: Contact Information

Client Name

Tribal Affiliation

Residential Address

Mailing Address

Household Home Phone

Mobile Phone

Email Address

Household Demographics

Household Type (√ one)

- Single Parent Household
- 2 Parent Household
- Single Person In Household
- 2 Adults No Children
- Other
- Non-Related Adults with Children
- Multi-Generational Household

Housing Type (√ one)

- Own
- Rent
- Homeless
- Other Permanent Housing

Reservation/Rancheria Resident (√ one)

- Yes
- No

Housing Subsidy Type (√ one)

- Housing Choice Voucher
- HUD-VASH
- Permanent Supportive Housing
- Public Housing
- Other Subsidy Type
- None

in Household:

Language Proficiency (√ one)

- Beginner Lower Level
- Intermediate
- Advance/Fluent

Person Demographics

SSN

BirthDate

Head Of Household (√ one)

- Yes
- No

Gender (√ one)

- Male
- Female
- Non-Binary
- Not Listed

Race (√ one)

- Amer. Indian/Alaskan. Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Multi-Race
- Other

2nd Race (√ one)

- Amer. Indian/Alaskan. Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Multi-Race
- Other

Ethnicity (√ one)

- Hispanic, Latino or Spanish Origins
- Not Hispanic, Latino or Spanish Origins

Disabling Condition (√ one)

- Yes
- No

Work Status (√ one)

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Farm Worker
- Unemployed (6 months or less)
- Unemployed (More than 6 months)
- Unemployed (Not in Labor Force)
- Retired

Primary Health Insurance Source (√ one)

- Direct Purchase
- Medicare
- Medicaid
- None
- State Children's Health Insurance
- State Health Insurance for Adults
- Military Health Insurance
- Employment Based

Secondary Health Insurance Source

- Direct Purchase
- Medicare
- Medicaid
- None
- State Children's Health Insurance
- State Health Insurance for Adults
- Military Health Insurance
- Employment Based

Education Level (√ one)

- Up to 8th Grade
- Up to 12th Grade
- High School Grad
- GED
- Any schooling beyond high school
- College Graduate, 2 or 4 Year
- Graduate of Other post-secondary school

Military Status (√ one)

- Active Military
- Veteran
- Not Veteran or Active Military

All Household Members Demographics (Required. Please Write Clearly.)

First and Last Names	Date of Birth	Race	Gender
<i>Example Name</i>	<i>1/1/2000</i>	<i>American Indian</i>	<i>Male</i>

Household Income

Please mark numbers of people for each category (No Check Marks)

- Senior Citizen (Over age 62)
- Disabled (receiving SSI)
- Child(ren) age five or under
- Energy Burden exceeds 20%
- Six or more individuals

Income Sources (√ all that apply)

- No Income
- Alimony/Spousal Support
- Child Support
- Private Disability Insurance
- EITC
- CA/Tribal TANF
- Odd Jobs
- Other
- Pension (IRA/401k)

- Self-Employment
- Soc. Security Retirement
- Soc. Security Disability Income (SSDI)
- Supp. Security Income (SSI/SSP)
- Unemployment
- VA Service-Connected Dis. Comp
- VA Non-Service-Connected Dis. Pension
- Wages
- Worker's Compensation

Non-Cash Benefits (√ all that apply)

- Affordable Care Act (ACA) Subsidy
- Childcare Voucher
- LIHEAP
- SNAP/ FOODSTAMPS
- WIC
- Other (Such as commodities)
- None

CSBG Eligibility Guidelines and Determination

Check Box for Program

- LIHEAP
- LIHWAP

Recommended Amount for each bill/wood	Name of Vendor
2 \$	
1 \$	
3 \$	

CERTIFICATION: By signing this document I am certifying that all information provided orally and on this application form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program in which I am participating and may result in prosecution. If any of the information, including but not limited to income, changes after signing this form, I will promptly report such changes. The Northern California Indian Development Council is authorized to release pertinent information contained herein for verification of eligibility.

Applicant:

LIHEAP Coordinator:

Date: _____

Date: _____

**LIHEAP/LIHWAP
RESPONSIBILITY STATEMENT**

I, _____ reside at
First MI Last

Street Address City Zip

My Utility bill is in the name of _____

He/She is my _____. I am responsible for payment of the utility bill for the above address.

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP/LIHWAP. I hereby grant permission to the Tribe and/or to the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP/LIHWAP providers to insure that there is no duplication of LIHEAP/LIHWAP services to myself or my household.

Applicant's Signature

Date

Intake Worker's Signature

Date

**LIHEAP/LIHWAP
RESPONSIBILITY STATEMENT**

I, _____ reside at
First MI Last

Street Address City Zip

My Utility bill is in the name of _____

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Applicant's Signature

Date

Intake Worker's Signature

Date

Northern California Indian Development Council, Inc.

Certification of Income and Expenses Form

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name: _____

Section 1: Do you have sources of income you forgot to report?		
YES	NO	During the previous six (6) months have you been employed part time?
YES	NO	During the previous six (6) months have you been self-employed?
YES	NO	Have you been laid off from work in the last three (3) months? If yes please list the date of your last day of work:
YES	NO	During the previous six (6) months have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:
YES	NO	During the previous six (6) months have you received any of the following: (circle any that apply) Worker's Comp/Unemployment/Government Sponsored Benefits/Child Support
YES	NO	Do you receive any of the following: (circle any that apply) Annuity/Pension/Per Capita/Tribal Payments/Rental Income/Insurance Benefit

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? If yes, please specify amount:
YES	NO	Are you using some other asset? If yes, please specify:
YES	NO	Are you borrowing from credit cards? If yes, please specify amount:
YES	NO	Are you borrowing from some other source? If yes, please specify:

Section 3: Please tell us how you paid these monthly expenses during the previous months?		
Expense	Monthly Cost	If someone else pays for you, please complete:
Rent/Mortgage	\$	Name: Address: Phone:
Utility Bills	\$	Name: Address: Phone:
Food	\$	Name: Address: Phone:

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

By signing this form, I affirm that I believe these facts to be accurate and true. I give the Service Provider my permissions to verify this information. I may be held liable under Federal or State law knowingly making false or fraudulent statements.

Signature: _____ Date: _____

FIREWOOD DELIVERY INVOICE

The Northern California Indian Development Council, Inc. (NCIDC) has approved _____ Application for firewood.

NCIDC is authorizing the purchase of _____ cords of firewood.

The maximum allowable payment for the firewood is \$ _____

Authorized by _____

CLIENT SECTION: I, _____ do verify that the wood which I ordered was delivered to me, in the authorized amount and in a satisfactory manner.

Signed: _____ Date: _____

WOOD SUPPLIER SECTION: *(Please Print)* I certify that I have delivered the requested wood. The amount now due and payable is \$ _____. Please make payment out as follows:

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

PHONE: _____ EIN or SS#: _____

WOOD SUPPLIERS, PLEASE ALLOW 2-3 WEEKS FOR PAYMENT TO BE ISSUED ONCE NCIDC RECEIVES THIS INVOICE.

Signed: _____ Date: _____

IMPORTANT CLIENT INFORMATION:

Initial Each Item

1. Clients should use Tribally designated Wood Vendors _____
2. Clients MAY NOT use a person residing in their household as their Wood Supplier. No Exceptions _____
3. **This firewood invoice must be returned to NCIDC by** _____
4. Invoices received after the due date will not be paid and your application will be dropped. _____
5. If you do not turn in your invoice by the due date and have had the wood delivered, you will be responsible for payment for the wood yourself. NCIDC will not pay for the wood. _____

PELLETS DELIVERY INVOICE

The Northern California Indian Development Council, Inc. (NCIDC) has approved

_____ Application for pellets.

NCIDC is authorizing the purchase of _____ ton of pellets.

The maximum allowable payment for the pellets is \$ _____

Authorized by _____

CLIENT SECTION: I _____ do verify that the pellets that I ordered were received by me in the authorized amount and in a satisfactory manner.

Signed: _____ Date: _____

PELLET SUPPLIER SECTION: *(Please Print)* I certify that I have provided the requested pellets. The amount now due and payable is \$ _____
Please make payment out as follows:

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

PHONE: _____

INVOICE MUST BE RETURN BY: _____

**PELLET SUPPLIERS, PLEASE ALLOW 2-3 WEEKS FOR PAYMENT
TO BE ISSUED ONCE NCIDC RECEIVES THIS INVOICE.**

Signed: _____ Date: _____
