



# BISHOP PAIUTE TRIBE

350 Barlow Lane • Bishop, CA • (760) 784-9696 • FAX: (760) 582-8191

## **Low-Income Heating & Energy Assistance Program (LIHEAP)**

## **Low-Income Household Water Assistance Program (LIHWAP)**

### DOCUMENTATION CHECKLIST

All documents must be submitted *with* your completed application. Please review the document checklist *before* submitting your application. Call the office for any additional information.

**ALL DOCUMENTS MUST BE CURRENT WITHIN 30 DAYS OF THE APPLICATION DATE**

- Applicant MUST be residing on the Bishop Paiute Reservation**
- Proof of Enrollment** from a federally recognized tribe
- Copy of **Social Security Cards** for **ALL** household members
- Proof of Residency** (Utility bill; Electric, Internet, Phone or Water & Sewer statement)
- Income Verification** for **ALL** household members over the age of 18 years old.  
(Net Income)
- One (1) Energy Bill** (with head of household's name)
- Disconnection Notice- if applying for Crisis Services**

LIHEAP and LIHWAP are a federally funded program that can help assist eligible low-income household to manage and meet their immediate home energy costs. LIHEAP can also help you stay warm in the winter and cool in the summer through programs that reduce the risk of health and safety problems that arise from unsafe heating and cooling practices.

Applications are taken and approved on a first come first service basis with priority given to the elderly, disabled and families with children under the age of five (5) years old, who meet the income guidelines and have NOT received assistance from the U.S. Department of Health and Human Services, Administration for Children and Families (US DHHS ACF) or from another tribe or agency. If applicant has received LIHEAP and/or LIHWAP assistance for the current fiscal year, then applicant might be denied assistance.

Carefully read the entire application and answer all questions in the application. **The tribe has 7-14 business days to process your application.** It is the responsibility of the applicant to provide all information requested. **ONLY COMPLETED APPLICATIONS WILL BE PROCESSED.** Once your application is submitted you cannot make any changes.

**\*\* This page must be included with your application, please DO NOT discard \*\***



Is there anyone in your household that can be verified as disabled?  Yes  No

If so, who: \_\_\_\_\_ do they receive SSI?  Yes  No

Are any household members receiving CalFresh, TANF or WIC benefits?  Yes  No

If so, who: \_\_\_\_\_ Case Number: \_\_\_\_\_  Passport to Services

Amount paid for rent monthly: \_\_\_\_\_ \* If you are a renter, please list your landlord's name, address, & telephone # :

Is there anyone in your household receiving Child Support, Retirement, Unemployment, Veterans or Worker's Compensation Benefits?  Yes  No

If so, who: \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_

Do you, or any member of your household maintain a checking account, savings account, have stocks or bonds in excess of \$1,900.00 for (1) person or \$3,000.00 for (2) persons?  Yes  No

**FAMILY INFORMATION:**

List ALL **other** persons living in household on a permanent basis. Start with the oldest and provide Social Security numbers.

**HOUSEHOLD INFORMATION (You must provide all tribal verifications & social security numbers)**

Name	Sex	Date of Birth	SSN #	Relationship to Applicant	Tribal No.

Note: The disclosure of your Social Security numbers are requested in order to keep your record straight, because other people may have the same name and birth date. The numbers will also be used, if necessary, to verify income and to avoid duplication of assistance.

Total Members of Household: \_\_\_\_\_ Total Tribal Members in Household: \_\_\_\_\_

**Family Characteristics:**

Receiving  
Cal Fresh

Farmer

Migrant  
Farmwrkr

Reservation/  
Rnchria Resident

**INCOME INFORMATION:**

List ALL permanent family members eighteen (18) years and older who have income. Provide verification for the last thirty (30) days.

**Earned Income:** This includes, but is not limited to, wages, salary, commissions, or profits.

Name	Monthly Earned Income	Source of Income

Total monthly earned income: \$ \_\_\_\_\_

**Unearned Income:** This includes, but is not limited to, Per Capita, Tribal Distributions, Disability Benefits, General Assistance, Rental Properties, and Social Security Administration (SSA) benefits, and Public Assistance (TANF).

Name	Monthly Unearned Income	Source of Income

Total monthly unearned income: \$ \_\_\_\_\_

**TOTAL AMOUNT MONTHLY HOUSEHOLD INCOME** (earned & unearned): \$ \_\_\_\_\_

If **NO INCOME** is reported, please state how you have maintained your residence, paid utilities, or rent, and purchased food or clothing for the last twelve (12) months? If this section is not answered your application will be denied. You must also submit the “**VERIFICATION OF NO INCOME**” form for **ALL** persons in the household over the age of 18 years old.

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**REASON FOR ASSISTANCE:**

**Please provide a copy of your most recent bill**

**PLEASE CHECK ONLY ONE**

**\*\* If approved, payment will be made directly to the Vendor \*\***

**WINTER HEATING:**     Propane             Electricity             Wood/Pellets             Kerosene

**SUMMER COOLING:**     Electricity

**WATER:**                     Water/Sewer

Other (please explain, will require approval of program director): \_\_\_\_\_  
\_\_\_\_\_

**Is your service shut-off?**     Yes     No            Length of time: \_\_\_\_\_

Are there children under the age of five (5) years old in the home?     Yes     No    How many? \_\_\_\_\_

Are there elderly in the home over the age of fifty-five (55) years?     Yes     No

Vendor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Name on Account #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

Fax #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

I, the undersigned applicant, certify the foregoing information to be true, complete, and accurate to the best of my knowledge.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*



DATE STAMP:

**BISHOP PAIUTE TRIBAL LIHEAP & LIHWAP  
UTILITY/VENDOR PAYMENT STATEMENT**

I, \_\_\_\_\_ reside at  
*First Middle Last*

\_\_\_\_\_  
*Street Address City State 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 willingly and knowingly falsifying information may lead to denial and termination of participation of LIHEAP & LIHWAP. I am the only person in my household who has applied for the Low-Income Home Energy Assistance and Low-Income Household Water Assistance Program.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*



DATE STAMP:

**BISHOP PAIUTE TRIBAL LIHEAP & LIHWAP  
UNEMPLOYMENT/NON-INCOME SOURCE CERTIFICATION**

I \_\_\_\_\_, DO HEREBY CERTIFY, THAT I AM AND HAVE BEEN UNEMPLOYED FOR AN EXTENDED PERIOD OF TIME.

IF EMPLOYED, I FUTHER CERTIFY THAT I AM ONLY IN TEMPORARY NEED OF ASSISTANCE FROM THE TRIBE. ADDITIONALLY, I CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OTHER SOURCES THAN LISTED IN THE SUBMITTED APPLICATION.

I ATTEST TO THE ABOVE FACTUAL STATEMENT AS BEING TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM SIGNING THIS STATEMENT UNDER THE PENALTY OF PERJURY.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature LIHEAP/LIHWAP Intake Staff*



DATE STAMP:
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**BISHOP PAIUTE TRIBAL LIHEAP & LIHWAP  
APPLICANT RESPONSIBILITIES**

Please read the following statements and initial each one.

\_\_\_\_\_ I understand that the LIHEAP/LIHWAP office may require proof of any information provided in this application or subsequently reported to the LIHEAP/LIHWAP office.

\_\_\_\_\_ I am aware that failure to provide proof of lawful presence, income and energy costs will result in denial of LIHEAP/LIHWAP benefits. I hereby authorize release of information concerning my LIHEAP/LIHWAP application and benefit to my utility company and/or fuel dealer, if necessary for a vendor payment, to prevent shutoff, or to obtain energy consumption information, or for weatherization purposes.

\_\_\_\_\_ I understand that refusal to permit weatherization of my home may result in denial of LIHEAP/LIHWAP benefits.

\_\_\_\_\_ I am aware that I have the right to a hearing and appeal in the event of a denial or termination of my assistance.

\_\_\_\_\_ I understand that my LIHEAP & LIHWAP benefits are not intended to pay for all my energy costs. I am responsible for paying any costs still owed to my energy provider or vendor (as applicable).



**LIHEAP & LIHWAP INTAKE CHECKLIST**  
**OFFICE USE ONLY**

The LIHEAP/LIHWAP Intake form must accompany each application sent in for processing. If the information below does not accompany your application, your application will be denied.

**APPLICANT PLEASE DO NOT FILL OUT THIS FORM**

1) Complete application Signed and Dated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2) Utility/Vendor Payment Statement Signed and Dated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3) Fair Hearing Noticed Signed and Dated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4) Unemployment/Non-Income Sources Certification <b>Signed and Dated</b> (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5) Applicant Responsibilities Signed and Dated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6) Original <b>Electric</b> bill (All Pages)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
7) <b>Propane</b> Printout (a full Year)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8) Income Verification (Copy of Pay Stubs) for all household members 18 yrs or older, or Proof of No Income (TANF, Food Stamps, or SSI Printout)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
9) Proof of all household members residing in the home ( <b>SS# for all household members</b> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
10) Proof of present address (rent receipt, vendor bill)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
11) <b>Tribal Certification</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
12) Intake form (FOR OFFICE USE ONLY)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**WOOD RECIPIENTS ONLY**

1) Has the applicant read the Wood Vendor's Instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2) Has the wood Vendor's W-9 Form been received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3) Wood Deliver Notice (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**APPROVED**    **NO**    **YES**    **AMOUNT \$** \_\_\_\_\_ **FOR** \_\_\_\_\_