



**10/01/2020-09/30/2021
LIHEAP Check-Off List**

Only complete intake submissions will be considered by the Northern California Indian Development Council (NCIDC) LIHEAP Coordinator. It is the responsibility of the Wiyot Tribe LIHEAP Coordinator to ensure that the intake submission is complete.

LIHEAP is an annual grant program from October to September. Unless otherwise advertised, only one award per household per name is awarded.

Annual Cap - \$250.00

To be considered:

- **Be a resident of Table Bluff Reservation; or**
- **Be an enrolled Wiyot Tribal Citizen if living outside of Table Bluff Reservation**

CHECKLIST

_____ **Fully completed Intake Form**

_____ **Current income documentation for ALL household members for the past 30 days.**

_____ **Every household member over 18 that has no income needs to sign a Verification of Unemployment/No Income form.**

_____ **For energy utilities or propane, all bills or invoices must include account number, name on the account, company name and company address. If applying for assistance with more than one bill, please provide amounts for each not exceeding the ANNUAL CAP.**

For wood or pellets, authorization must granted before delivery:

Vendor Name: _____

Vendor Address: _____

Vendor Phone Number: _____

Vendor charge per cord: _____

NCIDC WILL NOT PAY FOR WOOD THAT HAS ALREADY BEEN DELIVERED BEFORE AUTHORIZATION.

_____ **Responsibility Statement**

Contact Information

Client Name		Reservation:
Residential Address	Mailing Address	
Household Home Phone	Mobile Phone	Emergency Phone
Email Address	Language Spoken	

Household Demographics

Household Type (√ one)	Housing Type (√ one)	Housing Subsidy Type (√ one)	# in Household	
<input type="checkbox"/> 1 Person Household	<input type="checkbox"/> Own	<input type="checkbox"/> Housing Choice Voucher	Language Proficiency (√ one)	
<input type="checkbox"/> 2 Parent Household	<input type="checkbox"/> Rent	<input type="checkbox"/> HUD-VASH		<input type="checkbox"/> Beginner Lower Level
<input type="checkbox"/> Single Person In Household	<input type="checkbox"/> Homeless	<input type="checkbox"/> Permanent Supportive Housing		<input type="checkbox"/> Intermediate
<input type="checkbox"/> 2 Adults No Children	<input type="checkbox"/> Other Permanent Housing	<input type="checkbox"/> Public Housing		<input type="checkbox"/> Advance/Fluent
<input type="checkbox"/> Other		<input type="checkbox"/> Other Subsidy Type	Tribal Affiliation	
<input type="checkbox"/> Non-Related Adults with Children	Reservation/Rancheria Resident (√ one)	<input type="checkbox"/> None		
<input type="checkbox"/> Multi-Generational Household	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown/Not Reported		
	<input type="checkbox"/> No			

Person Demographics

SSN	BirthDate	Head Of Household (√ one)	Gender
		<input type="checkbox"/> Yes	<input type="checkbox"/> Male
		<input type="checkbox"/> No	<input type="checkbox"/> Female
Race (√ one)	2nd Race	Ethnicity (√ one)	<input type="checkbox"/> Other
<input type="checkbox"/> Amer. Indian/Alaskan. Native	<input type="checkbox"/> Amer. Indian/Alaskan. Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Unknown/Not Reported
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unknown/Not Reported	Work Status (√ one)
<input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Hawaiian or Pacific Islander		<input type="checkbox"/> Employed Full-Time
<input type="checkbox"/> White	<input type="checkbox"/> White		<input type="checkbox"/> Employed Part-Time
<input type="checkbox"/> Multi-Race	<input type="checkbox"/> Multi-Race		<input type="checkbox"/> Migrant Seasonal Farm Worker
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Unemployed (6 months or less)
<input type="checkbox"/> Unknown/Not Reported	<input type="checkbox"/> Unknown/Not Reported		<input type="checkbox"/> Unemployed (More than 6 months)
Primary Health Insurance Source (√ one)	Secondary Health Insurance Source	Disabling Condition (√ one)	<input type="checkbox"/> Unemployed (More than 6 months)
<input type="checkbox"/> Direct Purchase	<input type="checkbox"/> Direct Purchase	<input type="checkbox"/> Yes	<input type="checkbox"/> Retired
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicare	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Reported
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid		
<input type="checkbox"/> None	<input type="checkbox"/> None	Education Level (√ one)	Military Status (√ one)
<input type="checkbox"/> State Children's Health Insurance	<input type="checkbox"/> State Children's Health Insurance	<input type="checkbox"/> Up to 8th Grade	<input type="checkbox"/> Active Military
<input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Up to 12th Grade	<input type="checkbox"/> Veteran
<input type="checkbox"/> Military Health Insurance	<input type="checkbox"/> Military Health Insurance	<input type="checkbox"/> High School Grad or GED	<input type="checkbox"/> Not Veteran or Active Military
<input type="checkbox"/> Employment Based	<input type="checkbox"/> Employment Based	<input type="checkbox"/> Any schooling beyond high school	<input type="checkbox"/> Unknown/Not Reported
<input type="checkbox"/> Unknown/Not Reported	<input type="checkbox"/> Unknown/Not Reported	<input type="checkbox"/> College Graduate, 2 or 4 Year	
		<input type="checkbox"/> Graduate of Other post-secondary school	
		<input type="checkbox"/> Unknown/Not Reported	

Person Demographics (continued)

<p>Income Sources (√ all that apply)</p> <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Dividends <input type="checkbox"/> EAEDC <input type="checkbox"/> EITC <input type="checkbox"/> CA TANF <input type="checkbox"/> Interest <input type="checkbox"/> Ira/401k <input type="checkbox"/> Lump Sum <input type="checkbox"/> No Income <input type="checkbox"/> Odd Jobs <input type="checkbox"/> Other <input type="checkbox"/> Pension <input type="checkbox"/> Rental Income	<p> <input type="checkbox"/> Self-Employment <input type="checkbox"/> Soc. Security Retirement <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> SSP <input type="checkbox"/> Support <input type="checkbox"/> Unemployment <input type="checkbox"/> VA Service Connected Disability Pension <input type="checkbox"/> VA Non-Service Connected Disability Pens <input type="checkbox"/> Wages <input type="checkbox"/> Workers Compensation Total Income for this person: Non-Cash Benefits (√ all that apply) <input type="checkbox"/> Affordable Care Act (ACA) Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> LIHEAP <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not Reported </p>	<p>Please numbers of people NO CHECK MARKS</p> <input type="checkbox"/> Senior Citizen (Over age 62) <input type="checkbox"/> Disabled (receiving SSI) <input type="checkbox"/> Child(ren) age five or under in household <input type="checkbox"/> Energy Burden exceeds 20% <input type="checkbox"/> Six or more individuals in the household	<p> <input type="checkbox"/> Number of Adults <input type="checkbox"/> Number of Children under 18 </p>
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Intake Worker Name (print below)

Recommended Amount

\$

CSBG Eligibility Guidelines and Determination

<p>Poverty Guidelines Dated 1/11/2019</p>	<p>HHS Poverty Level (√ applicable)</p> <input type="checkbox"/> 100% HHS Poverty <input type="checkbox"/> 125% HHS Poverty (TANF) <input type="checkbox"/> 60% State Median <input type="checkbox"/> Reservation/Rancheria Pocket of Poverty	<p>Family Size</p>	<p>Household Income</p>	<p><input type="checkbox"/> % of Poverty</p>
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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: _____ **Date:** _____ **LIHEAP Coordinator:** _____ **Date:** _____

Northern California Indian Development Council, Inc. (NCIDC)
LIHEAP

Verification of Unemployment/No Income

Please fill out one form for each person in household 18 years or older without employment or income

I, _____ am currently unemployed and/or not
Print Name

receiving any benefits or income.

I certify that all information is true and correct to the best of my knowledge. I am aware that the Tribe and/or NCIDC may verify my status with the Employment Development Department or other necessary agencies. I also understand that willfully and knowingly falsifying information may lead to criminal prosecution. I hereby grant permission to the Tribe and/or NCIDC to verify my status as stated above as part of the qualification process for LIHEAP benefits.

Signature

Date

Signature of Tribal LIHEAP Coordinator

Date

**LIHEAP
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. 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 providers to insure that there is no duplication of LIHEAP services to myself or my household.

Applicant's Signature

Date

Intake Worker's Signature

Date

**LIHEAP
RESPONSIBILITY STATEMENT**

I, _____ reside at
First MI Last