



**Low Income Home Energy Assistance Program**  
Northern Cheyenne Tribe 520 Dull Knife Drive, P.O. Box 128 Lame Deer, MT  
59043



**Phone: (406) 477-8459 Fax:(406) 477-6402**

**FY 20-21 LIHEAP APPLICATION WILL BE AVAILABLE ON  
NOVEMBER 1ST, 2020**

**YOU WILL NEED:**

- ◆ **Social Security Cards for everyone on the application**
- ◆ **Tribal ID for the Head of House**
- ◆ **Income Verification for:**
  - Social Security/SSI**
  - TANF**
  - SNAP**
  - Food Distribution**
  - General Assistance**
  - Employment**
- ◆ **List your home's primary source of heat: Propane or Electric**
- ◆ **For Propane Energy Assistance, it is your responsibility to have an updated account, tank rental, etc. with your propane vendor.**
- ◆ **LIHEAP Funds are usually received in November, so based on availability of grant funds, we may begin processing electric bills or propane orders then.**

**Incomplete applications will NOT be considered!**

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

FY 2020-2021 APPLICATION

APPLICANT-Head of Household: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone: (406) \_\_\_\_\_

Tribe: \_\_\_\_\_ Enrollment No: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

LIVING ARRANGEMENTS: Do You Own Your Home? Y or N No. of Bedrooms \_\_\_\_\_

Do You Rent? Y or N Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Home: \_\_\_\_\_ House \_\_\_\_\_ Trailer \_\_\_\_\_ Apartment \_\_\_\_\_ House Number: \_\_\_\_\_ Color: \_\_\_\_\_

DIRECTIONS TO YOUR HOME: \_\_\_\_\_

LIST ALL HOUSEHOLD MEMBERS (Including Self) Attach Social Security Cards for Each Individual Listed

Name:	Date of Birth:	Social Security No:

ALL HOUSEHOLD MEMBER(S) WHO ARE EMPLOYED AND EMPLOYER'S ADDRESS:

\_\_\_\_\_

Please attach EARNED INCOME verification i.e. last pay check stub, 2019 income tax. If you are no longer working, bring in a letter of lay-off. Complete the ZERO INCOME FORM for all adults over the age of 18 who are not attending school who have no income. Please attach documentation of UNEARNED INCOME i.e. Award Letter, TANF, SNAP, Commodities, SSI, SSA, VA, etc.

**EARNED INCOME:**

**UNEARNED INCOME:**

Wages: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Self-Employed: \$ \_\_\_\_\_

Veteran's Administration: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

General Assistance: \$ \_\_\_\_\_

Annuity: \$ \_\_\_\_\_

TANF: \$ \_\_\_\_\_

SNAP: \$ \_\_\_\_\_

Food Distribution: \$ \_\_\_\_\_

Primary Source of Heat (Circle One): ELECTRIC PROPANE Vendor: \_\_\_\_\_

I certify the information on this application is true & correct to the best of my knowledge. I authorize the NC Low Income Energy Assistance Program to obtain information necessary to verify any of the above statements. The PENALTIES of false information shall be up to, but no more than \$10,000 and/or not more than five (5) years of imprisonment. Eligibility determination will be up to thirty (30) days of receipt of your completed application. If deemed ineligible you may appeal the decision to the TRIBAL President within ten (10) business days after the date of notification.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Northern Cheyenne Tribe

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# AUTHORIZATION TO DISCLOSE INFORMATION

## Northern Cheyenne LIHEAP Program



**PRIVACY STATEMENT:** Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as permitted by 42 CFR Part 2.

**INSTRUCTIONS:** Provide information as it existed when the service was provided.

Name of Client (Last, First, Middle Initial)	Social Security Number	Date of Birth	
Street Address:	City:	State:	Zip Code:

**CLIENT RELEASE AND SIGNATURE**

1. I Hereby Authorize:

Name of Person/Agency:

Street Address: City: State: Zip Code:

2. To Release Information To:

Name of Person/Agency to Receive Information:

Street Address: City: State: Zip Code:

3. The following information is Requested: (Be specific)

4. The information identified above will be used for: (List each purpose)

5. This Authorization to Disclose Information Remains in Effect Until: (Date)

OR: (Specific Event Terminating Operation of the Release)

**CLIENT CONSENT:**

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the Northern Cheyenne LIHEAP Department or person. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transaction. I also consent to disclose any information relating to OMB Circular A-133 audits and any Federal, State, or Tribal Audits as prescribed by rules and regulations.

Signature of Client/Applicant:

Date:

Signature of Witness (if needed):

Date:

**DISTRIBUTION:**

- To agency/person from whom information is sought
- Requesting Agency
- Client/Applicant
- Other

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
FY-2020 APPLICATION**

**DECLARATION OF ZERO INCOME FORM**

**If you had zero income for the past thirty (30) days you need to answer the following questions.**

1. Total Income for your household in the past ninety (90) days:  
\$ \_\_\_\_\_

2. How do you pay for your utility bills?

\_\_\_\_\_  
\_\_\_\_\_

3. How you pay for rent?

\_\_\_\_\_  
\_\_\_\_\_

4. How do you get food for your household?

\_\_\_\_\_  
\_\_\_\_\_

5. Do you receive income from your family or friends?    Y    or    N  
Explain: \_\_\_\_\_

6. Are you looking for work?    Y    or    N  
If no, why? \_\_\_\_\_

7. Have you applied for Public Assistance or General Assistance?    Y    or    N  
If no, why? \_\_\_\_\_

8. Are you residing with others (family or friends)    Y    or    N  
If yes, are they LIHEAP recipients?    Y    or    N  
If yes, do you purchase food separately?    Y    or    N

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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