

LIHEAP CHECK OFF LIST

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

THIS WILL BE THE RESPONSIBILITY OF THE TRIBAL LIHEAP COORDINATOR, BY SIGNING THE INTAKE, YOU ARE VERIFYING THAT ALL OF THE 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
Every household member over 18 that has no income needs to sign a Certification of Income and Expenses form.

_____ Up-to-date verification of TANF, SNAP, or SSI benefits (If applicable)

3. All bills, invoices, and quotes must include:
 - a. Account number
 - b. Name on the account
 - c. Company name and address.
 - d. If there is an overdue balance higher than the assistance the applicant may be eligible for, the applicant should be enrolled in a payment plan with the company.

If applying for assistance with more than one bill, please provide amounts for each, not exceeding the maximum amount allowed.

_____ Current Energy and/or Propane Bill

_____ Wood or Pellets (NCIDC WILL NOT PAY FOR WOOD THAT HAS ALREADY BEEN DELIVERED. NO EXCEPTIONS)

Vendor Name: _____

Address: _____

Phone Number: _____

Dollar Amount Charged Per Cord: _____

4. _____ Responsibility Statement

5. _____ Tribal Verification for Household

6. _____ Authorization of Release

NCIDC TRIBAL LIHEAP APPLICATION

Form Revised 10/24/24

Contact Information

Client Name

Tribal Affiliation

Residential Address

Mailing Address

Household Home Phone

Mobile Phone

Email Address

County

Household Demographics (√ one)

Household Type

- 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

- Own
- Rent (Separate utilities)
- Rent (Utilities included in rent)
- Homeless
- Other Permanent Housing

Reservation/Rancheria Resident

- Yes
- No

Housing Subsidy Type

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

Head Of Household

- Yes
- No

in Household:

Language Proficiency

- Beginner Lower Level
- Intermediate
- Advance/Fluent

Person Demographics

SSN

BirthDate

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

Gender (√ one)

- Male
- Female
- Non-Binary
- Not Listed

Ethnicity (√ one)

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

Person Demographics Continued

<p>Primary Health Insurance Source (√ one)</p> <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Insurance <input type="checkbox"/> Employment Based	<p>Secondary Health Insurance Source</p> <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Insurance <input type="checkbox"/> Employment Based	<p>Education Level (√ one)</p> <input type="checkbox"/> Up to 8th Grade <input type="checkbox"/> Up to 12th Grade <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> Any schooling beyond high school <input type="checkbox"/> <u>2 Year</u> College Graduate <input type="checkbox"/> <u>4 Year</u> College Graduate <input type="checkbox"/> Graduate of Other post-secondary school	<p>Work Status (√ one)</p> <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (6 months or less) <input type="checkbox"/> Unemployed (More than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Retired
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<p>Disabling Condition (√ one)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Military Status (√ one)</p> <input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> Not Veteran or Active Military
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All Household Members Demographics (Required. Please Write Clearly.)

First and Last Names	Date of Birth	Hispanic, Latino, or Spanish? (Circle)		Race	Gender (Circle)		
		Yes	No		Male	Female	NonBinary
<i>Example Name</i>	<i>1/1/2000</i>	Yes	<u>No</u>	<i>American Indian</i>	<u>Male</u>	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary

Household Income

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

Eligibility Guidelines and Determination

	Recommended Amount for each bill/wood	Name of Vendor		Recommended Amount for each bill/wood	Name of Vendor
1	\$		3	\$	
2	\$		4	\$	

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: _____

By signing this form as the LIHEAP Coordinator, you are certifying that you have verified the applicant's Native American affiliation.

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 any 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? (if yes, please provide any available documentation)		
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 six (6) months? If yes please list the date of your last day of work and any documentation:
YES	NO	During the previous six (6) months have you received any gifts of money from anyone? If yes, please list the amount as well as name & 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 source and amount:
YES	NO	Are you using some other asset? If yes, please specify amount and asset:
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 amount and source:

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: _____

Northern California Indian Development Council

Self-Certification of Income

I, _____ certify that I have no documentation for my income. My total household/family income for the past six (6) months is detailed on this self-certification form.

By signing this document, I am certifying that all the information provided on this 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, which I am participating and may result in prosecution under the law.

Month	Year	Amount	Month	Year	Amount
January		\$	July		\$
February		\$	August		\$
March		\$	September		\$
April		\$	October		\$
May		\$	November		\$
June		\$	December		\$

OFFICE USE ONLY	
Total six month income:	\$
Annualized Income (six month x 2):	\$
Additional info:	

Applicant Signature

Date

Case Manager Signature

Date

LIHEAP RESPONSIBILITY STATEMENT

I, _____ reside at
First MI Last

Street Address City Zip

My Utility bill is in the name of _____

The relationship that I have with this person is that they are my _____. I am responsible for payment of the utility bill for the above address. This person _____ reside at the above address. *(does or does not)*

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 to the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP providers to ensure that there is no duplication of LIHEAP services to myself or my household.

Applicant's Signature **Date**

Intake Worker's Signature **Date**