

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM {LIHEAP}  
APPLICATION FY 2022-2023**

**INSTRUCTIONS:**

**PLEASE INCLUDE THE FOLLOWING ITEMS FOR YOUR APPLICATION:**

1. Copy of Tribal card, social security cards for each member of household, and picture ID (if not on tribal card).
2. Past 30 days income. If no income, please fill out -0- income form for each household member that is not a student over the age of 18 and not working.
3. Copy of heating bill.

**For the Emergency component also include:**

1. Shut-off notice from vendor.
2. Denial letter from FIA, DHHS or your local Community Action.

For assistance or questions, Please call Social Services at (906)723-2511.

**APPLICATION – FY 2022-2023**

<b>Name:</b>	<b>Age:</b>	<b>Phone#:</b>
<b>Address:</b>	<b>Date of Birth:</b> — —	<b>Social Security #:</b> — —
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**TRIBAL MEMBER OF:**

<input type="checkbox"/> Bay Mills Indian Community	<input type="checkbox"/> Lac Vieux Desert	<input type="checkbox"/> Saginaw Chippewa Tribe
<input type="checkbox"/> Hannahville Indian Community	<input type="checkbox"/> Little Traverse Band	<input type="checkbox"/> Huron Potawatomi Tribe

**OTHER HOUSEHOLD MEMBERS:**

Name	Age	Birthdate	Social Security #
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Have you applied for assistance this year (October 1, 2021 – September 30, 2022):?    Yes            No

**\*FOR OFFICE USE ONLY.**

**INCOME:** Documentation must be provided for all income.

Name	Income Source Code	Past 30 Days Income	X 12 = Annualized Income

**INCOME SOURCE CODES: (Please Circle)**

- |                    |  |
|--------------------|--|
| 1. SS              | 5. UNEMPLOYMENT                          |
| 2. WAGES           | 6. DHS                                   |
| 3. SSI             | 7. PENSION/RETIREMENT                    |
| 4. SELF EMPLOYMENT | 8. GA                      9. OTHER_____ |

Are any household members disabled? If yes, how many? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ If you rent, is heat included? \_\_\_\_\_

What types of fuel do you use to heat your home? Check all that apply.

1. Oil \_\_\_\_\_ 3. Natural Gas \_\_\_\_\_ 5. Electric \_\_\_\_\_ 7. Other \_\_\_\_\_

2. Propane \_\_\_\_\_ 4. Wood \_\_\_\_\_ 6. Wood Pellets \_\_\_\_\_

YOU MUST PUT ACCOUNT NUMBER AND VENDOR'S ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.

What vendor do you want as the Endorser? \_\_\_\_\_

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

Account #: \_\_\_\_\_

- I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.
- I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.
- I understand that failure to provide all necessary information and documentation can result in denial of my application.
- I hereby authorize the release of information by the appropriate agencies to the Inter-Tribal Council of Michigan for the purpose of verifying information needed to establish eligibility for the program.
- I understand that I may request a hearing if I disagree with action taken on this application.
- I understand that I have a right to a hearing if I do not receive a decision notice within that time.
- I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.
- I understand that a decision will be made concerning my application, and a decision notice will be issued within ten (10) working days upon receipt of application by Program Manager.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LIHEAP Worker Signature

\_\_\_\_\_  
Date

REFERRALS: Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company.

Contact them for more information on:

- Weatherization
- Emergency Needs
- Utility Shut-off Protection
- Home Heating Tax Credit
- Energy Audit

## “0” Income Form

To determine your eligibility for the Low Income Energy Assistance Program you must furnish proof of all household income for the thirty (30) days prior to the date of your application.

If you had “0” income for the past 30 days, you must answer the following:

1. What was your income for the past three (3) months?  
(Amount, Source of income for all household members 18 years of age and older?)

Name	Source	Amount

2. If you have utility bills, how do you pay for them?

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3. How do you pay your rent?

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4. How do you get food for your household?

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I hereby certify that the information detailed above represents my household’s circumstances. The income listed is the total household income for each household member 18 years of age and older.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker/Program Director

\_\_\_\_\_  
Date