FY27 STANDING ROCK SIOUX TRIBE
APPLICATION FOR ASSISTANCE
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
(Please DO NOT USE A RED ink pen to fill out application)

FOR OFFICIAL USE

_____ APPROVED

_____DISAPPROVED

_____ DATE

_____%_____ FUEL TYPE

_____ VENDOR

$_____ AMOUNT

_____
AUTHORIZED LIHEAP REP...

HOUSEHOLD COMPOSITION

NAME:_____

Mailing Address: _____

Physical Address:_____

District:_____

GENDER: ( ) MALE OR ( ) FEMALE

MARITAL STATUS:

SINGLE ◯ **MARRIED** ◯ **DIVORCED** ◯ **WIDOWED** ◯

TELEPHONE/MESSAGE NUMBER: _____ **MANDATORY**

	LAST NAME:	FIRST NAME:	AGE:	DOB:	ENROLLEMENT	SOC. SEC. #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

IF YOU NEED MORE SPACE TO ADD ADDITIONAL NAMES PLEASE USE A SEPARATE SHEET OF PAPER

IF YOU OR ANY HOUSEHOLD MEMBER(s) WANT TO BE CONSIDERED ON THE LIHEAP PRIORITY LIST AS HANDICAP OR ELDERLY PLEASE PROVIDE PROOF.

HANDICAPPED ◯

OVER 60? ◯

RECEIVE FOOD STAMPS? ◯

RECEIVE COMMODITIES? ◯

***PLEASE ATTACH PROOF OF AWARD LETTER**

HOUSEHOLD INCOME:

WHAT WAS THE HOUSEHOLD'S **GROSS INCOME** FROM ALL SOURCES? **INCOME MUST BE VERIFIED**. SELF-EMPLOYED INDIVIDUALS USE LAST YEAR'S TAX RETURN FORMS. FOR ALL OTHER HOUSEHOLDS, USE INCOME RECEIVED WITHIN THE LAST **TWELVE (12) MONTHS PRIOR TO APPLYING FOR ASSISTANCE.**

SOURCE(S):	**LAST 12 MONTHS OF INCOME**
EARNINGS (SELF)	$ _____
EARNINGS (SPOUSE)	$ _____
UNEMPLOYMENT INSURANCE BENEFITS	$ _____
VETERAN'S BENEFITS (V.A.)	$ _____
TEMPORARY ASSISTANCE FOR NEEDY(TANF)	**$**_____
GENERAL ASSISTANCE (G.A.)	$ _____
SOCIAL SECURITY (S.S.)	$ _____
SUPPLEMENTAL SECURITY INCOME (S.S.I.)	$ _____
PENSIONS – ANNUITIES – RETIREMENT	$ _____
CHILD SUPPORT – AILIMONY	$ _____
LEASE INCOME – INTEREST INCOME	$ _____
CHILD CARE ASSISTANCE PROGRAM (CCAP)	**$** _____
OTHER INCOME (PLEASE EXPLAIN) include	$ _____

(FOR OFFICE USE ONLY) **TOTAL INCOME:**_____

_____

_____

_____

LIVING ARRANGEMENTS

DO YOU? **CHECK ONE OR THE OTHER PLEASE:**

OWN YOUR HOME ◯

RENT YOUR HOME ◯

HOW MANY YEARS HAVE YOU LIVED AT THIS RESIDENCE? _____

WHAT TYPE OF HOUSE DO YOU LIVE IN?

SRHA SUBSIDIZED HOUSING _____ FEMA OR REGULAR TRAILER _____

SRHA SCATTERED SITE _____ HOUSE _____

OTHER_____ (PLEASE EXPLAIN): _____

ENERGY SOURCE:

LP GAS (PROPANE) _____ WOOD _____

FUEL OIL (#1 OR 2) _____

ELECTRICITY _____

ENERGY SUPPLIER:

STANDING ROCK PROPANE: _____ MOR-GRAN-SOU-FLASHER, ND:_____

FARMERS UNION SELFRIDGE:_____ CITY OF MCLAUGHLIN:_____

MOBRIDGE GAS:_____ MOREAU GRAND ELETRIC:SD_____

MDU-MOBRIDGE:_____

WOOD-C. DEMMARIS:_____

CLIENTS MAY NOT CHANGE VENDORS AFTER APPLICATION HAS BEEN APPROVED

DECLARATIONS

1. I declare the information given by me in this application is true and correct and that I will cooperate with Tribal and Federal personnel should my application become part of a quality control review. I understand that because the Low Income Home Energy Assistance Program is federally funded, the penalty for providing false information shall be not more than a $10,000.00 fine, or not more than 5 years' imprisonment, or both.

2. I understand I must provide the verification requested of me. If I do not provide that verification or do not ask for help in securing that required verification, I understand my application will be denied. I understand that withholding information

may make me ineligible for assistance and I will have to pay back any amount over-issued because I withheld information.

3. I understand in the event I change residences, I will immediately notify the Low Income Home Energy Assistance Program office of my new address.

4. I understand collateral contacts may be necessary to verify my wages, rent, subsidy amounts, income and other aspects of eligibility and hereby give my permission for such contacts and for those contacted to provide the requested information.

5. I understand after my benefit has been determined, changes in income, family size, fuel type of benefit amount will **NOT** be recognized by the Low Income Home Energy Assistance Program. The only change that will be recognized is that the energy supplier authorized to receive energy assistance payments on my behalf may be changed to a different energy supplier if I change residences or primary heating energy supplier.

6. I understand information regarding the approval of my application and the amount of my entitlement will be supplied to the energy vendors and payments may be made directly to the heating suppliers I specify.

7. I understand my application will be considered without regard to race, color, religious creed, national origin, sex, handicap or political beliefs.

8. I understand I have sixty **(60)** days from the date of notification to request a fair hearing if my application is denied or not acted upon with reasonable promptness.

9. I understand prior to signing this LIHEAP application, I received in my primary language, appropriate verbal or written assistance in understanding all questions and conditions it contains and a telephone number I can for more information or bilingual assistance.

10. I understand once my application is completed and submitted, that no other additions or deletions will be accepted hereafter.

11. **I understand the LIHEAP season starts each year on the first of October and the FY27 heating season ends April 15th. 2027**, and I have until the end of the LIHEAP year to use my allowances up, otherwise any unused amounts goes back to the program.

X_____ **X**_____

(SIGNATURE OF APPLICANT) **(DATE)**

X_____ **X**_____

(SIGNATURE OF LIHEAP STAFF MEMBER) **(DATE)**

STANDING ROCK SIOUX TRIBE
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
INFORMATION RELEASE FORM

NAME: _____ **SOC. SEC. NO:** _____

ADDRESS: _____ **DATE OF BIRTH**: _____

CITY, STATE & ZIP CODE: _____

I give authorization to the Low Income Home Energy Assistance Program staff to inquire about my income. This information is to be used in determining my eligibility to participate in that program.

X_____
SIGNATURE OF APPLICANT

****

FOR OFFICIAL USE ONLY

DO NOT WRITE IN THIS AREA

TO AGENCY: **FROM: _____**
(Fuel Assistance Office)

The above named individual has indicated that he/she is receiving assistance or benefits from one of the following:

_____Temporary Assistance for Needy Families (TANF)	**$_____How Often:_____**
_____Veterans Administration (VA)	**$_____How Often:_____**
_____Social Security (SS)	**$_____How Often:_____**
_____Supplemental Security Income (SSI)	**$_____How Often:_____**
_____Unemployment Insurance Benefits (UI)	**$_____How Often:_____**
_____General Assistance (GA)	**$_____How Often:_____**
_____Annuities/Pension/Retirement	**$_____How Often:_____**
_____Other	**$_____How Often:_____**

Please write in the amount of income, sign and return to our office as soon as possible.

_____
Name & Title

_____
Agency & Address

_____