

FORT PECK TRIBES
P.O. BOX 1027
POPLAR MT 59255
PHONE: 406-768-2435
FAX: 406-768-5833
(ATTN: ENERGY ASSISTANCE)

2023-2024 LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM APPLICATION

1	ALL INCOME VERIFICATION MUST BE ATTACHED SUCH AS WAGES, SELF EMPLOYMENT, CONTRACT INCOME, UNEMPLOYMENT INSURANCE, SOCIAL SECURITY (SSA), SUPPLEMENTAL SECURITY INCOME AND RETIRMENT PENSION BENEFITS, GENERAL ASSISTANCE, TANF, RENTAL INCOME, WIA, ALIMONY, CHILD SUPPORT, INTEREST, DIVIDENDS, OR ROYALTIES, VA BENEFITS, IIM LEDGERS ATTACHED FOR ALL HOUSEHOLD MEMBERS 18 & OLDER? IF NO IIM ACCOUNT EXISTS THE B.I.A WILL PRINT A STATEMENT STATING THERE IS NO ACCOUNT
2	A COPY OF YOUR UTILITY BILL ATTACHED? RENT RECEIPT IF YOU RENT AND THE HEATING COST IS INCLUDED IN THE RENT
3	VERIFY THE APPLICATION SIGNED BY ALL HOUSEHOLD MEMBERS 18 & OLDER
4	APPLICATION MUST BE COMPLETELY FILLED OUT
5	HEAD OF HOUSEHOLD MUST ATTACH PHOTO IDENTIFICATION
6	IF NOT ENROLLED WITH THE FORT PECK ASSINIBOINE AND SIOUX TRIBES, MUST PROVIDE A TRIBAL ENROLLMENT CARD OR CIB FOR EVERYONE 18 AND OLDER IN HOME
7	REVIEW, AND DOUBLE CHECK THE APPLICATION TO MAKE SURE IT IS FILLED OUT TO THE BEST OF YOUR KNOWLEDGE
8	SPECIFIC DIRECTIONS TO HOME MUST BE WRITTEN ON THE APPLICATION

**IF THE APPLICATION IS INCOMPLETE OR HAS A CREDIT BALANCE
THE APPLICATION WILL NOT BE ACCEPTED**

**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
APPLICATION FOR ASSISTANCE FOR FY 2023-2024**

Household Composition

A. Applicant/Head of Household _____
 P.O. Box: _____ Physical Address: _____
 Phone #: _____ City: _____ State: _____ Zip: _____

B. Age: _____ Sex: _____

American Indian: () YES () NO

Enrolled In Which Tribe: _____

(IF NOT ENROLLED WITH FORT PECK MUST ATTACH CIB OR TRIBAL ID CARD)

C. Did you file an Income Tax Form 1040: () YES () NO

D. List every household member, (IF MORE SPACE IS NEEDED, PLEASE USE THE BACK OF PAPER)

NAME	RELATIONSHIP	AGE	BIRTHDATE	SOC. SEC. #	ENROLLMENT #
	SELF				

E. Does Household contain: **Senior Citizen:** () YES () NO **Handicapped:** () YES () NO

– **Children-age 1 to 2** () YES () NO **Children – age 3 to 5** () YES () NO

Household Information **ALL CURRENT INCOME MUST BE ATTACHED TO APPLICATION**

A. List sources of all household income: ****PLEASE MARK ALL SOURCES OF INCOME****

B. ****IF NO INCOME-THEN A DECLARATION OF NO INCOME MUST BE FILLED OUT.**

GROSS WAGES	SELF EMPLOYMENT	CONTRACT INCOME	UNEMPLOYMENT INSURANCE	SOCIAL SECURITY (SSA) BENEFITS
SUPPLEMENTAL SECURITY INCOME (SSI)	RETIRMENT PENSION BENEFIT	GENERAL ASSISTANCE (GA)	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	WORKFORCE INVESTMENT ACT (WIA)
RENTAL INCOME	ALIMONY	CHILD SUPPORT	INTERESTS/DIVIDENDS OR ROYALTIES/LEASE INCOME	VETERAN ADMINISTRATION BENEFITS (VA)
OTHER				

C. FUEL TYPE- MAIN SOURCE OF HEAT

UTILITY COMPANY	ACCOUNT #	NAME ON ACCOUNT
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Which of the following do you use as your primary source of Heat:

____ PROPANE ____ ELECTRIC ____ FUEL OIL ____ NATURAL GAS ____ WOOD/COAL

Do You Own or Rent Your Home? ____ OWN ____ RENT

Landlord's Name & Address: _____

Directions to your home (Be specific): _____

Is the heating costs included in rent payment? ____ Yes ____ No

Weatherization Certificate (Certificate **MUST BE USED** within **30 DAYS** of being issued, and the certificate funds **CANNOT** be sent to another vendor or be re-issued if you lose the certificate.)

D. Do you want a "WEATHERIZATION CERTIFICATE", which will be DEDUCTED from your benefits (can be used for plastic, duct tape, lath, caulk, electric heater) Value of certificate is \$75.00 ()YES ()NO

Declarations:

- A. I have been informed of the eligibility requirements established for assistance under the Fort Peck Tribes plan for the Low-Income Home Energy Assistance Plan.
- B. I declare that the information given by me in this application is true and correct, and that I will cooperate with Tribal and Federal Review. I understand and agree that providing incorrect information will be cause for automatic disqualification from the LIHEAP program and that I may be criminally prosecuted under Federal and/or Tribal Laws.
- C. I have been advised of my right to appeal any decision made with respect to this application. I understand that I have 60 days from the date if this application to request a fair hearing on the denial of if my application is not processed with reasonable promptness (30 days). I also understand that I can request a fair hearing regarding any subsequent decrease in the amount of assistance I am to receive.

SIGNATURE OF APPLICANT	DATE
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**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
P.O. BOX 1027
POPLAR, MONTANA 59255**

INFORMATION RELEASE FORM

TO: **VENDOR(S):** _____

I AUTHORIZE FOR MY VENDOR: MONTANA DAKOTA UTILITIES, NORVAL ELECTRIC, SHERIDAN ELECTRIC, AND ALL PROPANE VENDORS TO RELEASE ANY INFORMATION TO THE LIHEAP PROGRAM.

INFORMATION TO BE OBTAINED:

APPLICANT SIGNATURE

DATE

SOCIAL SECURITY NUMBER

ACCOUNT NUMBER

**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
P.O. BOX 1027
POPLAR MT 59255**

INFORMATION RELEASE FORM

TO: (Employer/Income Source):

I (we) authorize the individual, company, or agency shown below to disclose the Program; Fort Peck Tribes Low Income Home Energy Assistance Program (LIHEAP) the information specified below concerning myself and/or my minor children. I understand any information obtained will be kept confidential and will be used only for purposes directly connected with the administration of benefits or services, and only during the pertinent time period. I further understand that any information obtained may be released to the proper governmental agency, court of law enforcement agency for purposes of legal investigative actions concerning fraud.

I hereby consent to have information released which is to be used to determine my eligibility for assistance under the Low-Income Home Energy Assistance Program.

INFORMATION TO BE OBTAINED:

INFORMATION SOURCE: Banks, Savings & Loans, Credit Unions, Investment Firms, Employers, Day Care Providers, Social Security Administration Files and Records, State Dept. of Labor and Industry, Internal Revenue Service, State Dept. of Revenue, Montana State Workers Compensation Division, County Clerk & Recorder, Assessor & Treasurer, Rent & Fuel Vendors, Landlord, Bureau of Indian Affairs, Utility Suppliers and Vendors, Indian Health, Attorneys, Schools, Universities, Colleges, Funeral Homes, Veteran's Administration, Insurance Companies, and Medical Providers.

APPLICANT SIGNATURE

SOCIAL SECURITY NUMBER

DATE

****ANYONE 18 & OVER LISTED ON APPLICATION: **MUST SIGN RELEASE FORM****

SIGNATURE SOCIAL SECURITY #

SIGNATURE SOCIAL SECURITY #

SIGNATURE SOCIAL SECURITY #

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