

**2020 LIHEAP CHECK OFF LIST**

**Do not submit intakes unless fully completed with all required items.**  
***THIS WILL BE THE RESPONSIBILITY OF THE TRIBAL LIHEAP COORDINATOR, BY SIGNING INTAKE YOU ARE VERIFYING ALL INFORMATION IS TRUE AND CORRECT***

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1. \_\_\_\_\_ **Fully Completed Intake Form**  
(INTAKES MUST REMAIN UNDER ONE NAME PER ADDRESS)

*Please use numbers in section 18.b.*

2. \_\_\_\_\_ **Current Income Documentation For Past 30 Days**  
(FOR ALL HOUSEHOLD MEMBERS)

**Every household member over 18 that has no income needs to sign a no income verification form.**

3. **ALL BILLS OR INVOICES MUST INCLUDE 1) ACCOUNT NUMBER 2) NAME ON THE ACCOUNT 3) COMPANY NAME AND ADDRESS.** If applying for assistance with more than one bill please provide amounts for each not exceeding the maximum amount allowed.

\_\_\_\_\_ **Current Energy Bill**

\_\_\_\_\_ **Current Propane Invoice**

\_\_\_\_\_ **Wood or Pellets**

**Vendor Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Dollar Amount Charged Per Cord:** \_\_\_\_\_

**NCIDC WILL NOT PAY FOR WOOD THAT HAS ALREADY BEEN DELIVERED - NO ACCEPTIONS**

4. \_\_\_\_\_ **Responsibility Statement**  
5. \_\_\_\_\_ **Tribal Membership Of Applicant**

**Contact Information**

Client Name

Reservation:

Residential Address

Mailing Address

Household Home Phone

Mobile Phone

Emergency Phone

Email Address

Language Spoken

**Household Demographics**

- Household Type (\' one)
- 2 Parent Household
- Single Person In Household
- 2 Adults No Children
- Other
- Non-Related Adults with Children
- Multi-Generational Household

- Housing Type (\' one)
- Own
- Rent
- Homeless
- Other Permanent Housing
- Reservation/Rancheria Resident (\' one)
- Yes
- No

- Housing Subsidy Type (\' one)
- Housing Choice Voucher
- HUD-VASH
- Permanent Supportive Housing
- Public Housing
- Other Subsidy Type
- None
- Unknown/Not Reported

- # in Household
- Language Proficiency (\' one)
- Beginner Lower Level
- Intermediate
- Advanced/Fluent
- Tribal Affiliation

**Person Demographics**

SSN

Birth Date

Head Of Household (\' one)

Gender

- Race (\' one)
- Amer. Indian/Alaskan. Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Multi-Race
- Other
- Unknown/Not Reported

- 2nd Race
- Amer. Indian/Alaskan. Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Multi-Race
- Other
- Unknown/Not Reported

- Yes
- No
- Ethnicity (\' one)
- Hispanic
- Non-Hispanic
- Unknown/Not Reported

- Male
- Female
- Other
- Unknown/Not Reported
- Work Status (\' one)
- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Farm Work
- Unemployed (6 months or less)
- Unemployed (More than 6 mo)
- Retired
- Unknown/Not Reported

- Primary Health Insurance Source (\' one)
- Direct Purchase
- Medicare
- Medicaid
- None
- State Children's Health Insurance
- State Health Insurance for Adults
- Military Health Insurance
- Employment Based
- Unknown/Not Reported

- Secondary Health Insurance Source
- Direct Purchase
- Medicare
- Medicaid
- None
- State Children's Health Insurance
- State Health Insurance for Adults
- Military Health Insurance
- Employment Based
- Unknown/Not Reported

- Disabling Condition (\' one)
- Yes
- No
- Education Level (\' one)
- Up to 8th Grade
- Up to 12th Grade
- High School Grad or GED
- Any schooling beyond high school
- College Graduate, 2 or 4 Year
- Graduate of Other post-secondary school

- Military Status (\' one)
- Active Military
- Veteran
- Not Veteran or Active Military
- Unknown/Not Reported

**Person Demographics (continued)**

<input type="checkbox"/> Income Sources (✓ all that apply)	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Please numbers of people
<input type="checkbox"/> AFDC/TANF	<input type="checkbox"/> Soc. Security Retirement	<input type="checkbox"/> NO CHECK MARKS
<input type="checkbox"/> Alimony/Spousal Support	<input type="checkbox"/> SSDI	<input type="checkbox"/> Senior Citizen (Over age 62)
<input type="checkbox"/> Child Support	<input type="checkbox"/> SSI	<input type="checkbox"/> Disabled (receiving SSI)
<input type="checkbox"/> Disability	<input type="checkbox"/> SSP	<input type="checkbox"/> Child(ren) age five or under in household
<input type="checkbox"/> Dividends	<input type="checkbox"/> Support	<input type="checkbox"/> Energy Burden exceeds 20%
<input type="checkbox"/> EAEDO	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Six or more individuals in the household
<input type="checkbox"/> EITC	<input type="checkbox"/> VA Service Connected Disability Pension	<input type="checkbox"/> Intake Worker Name (print below)
<input type="checkbox"/> CA TANF	<input type="checkbox"/> VA Non-Service Connected Disability Pens	<input type="checkbox"/> Recommended Amount
<input type="checkbox"/> Interest	<input type="checkbox"/> Wages	
<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Irra/01k	<input type="checkbox"/> Total Income for this person:	
<input type="checkbox"/> No Income	<input type="checkbox"/> Non-Cash Benefits (✓ all that apply)	
<input type="checkbox"/> Odd Jobs	<input type="checkbox"/> Affordable Care Act (ACA) Subsidy	
<input type="checkbox"/> Other	<input type="checkbox"/> Childcare Voucher	
<input type="checkbox"/> Pension	<input type="checkbox"/> LIHEAP	
<input type="checkbox"/> Rental Income	<input type="checkbox"/> SNAP	
	<input type="checkbox"/> WIC	
	<input type="checkbox"/> Other	
	<input type="checkbox"/> Unknown/Not Reported	

**CSBG Eligibility Guidelines and Determination**

Poverty Guidelines Dated	HHS Poverty Level (✓ applicable)	Family Size	Household Income
1/1/19	<input type="checkbox"/> 100% HHS Poverty		
	<input type="checkbox"/> 125% HHS Poverty (TANF)		
	<input type="checkbox"/> 50% State Median		
	<input type="checkbox"/> Reservation/Rancheria Pocket of Poverty		

**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.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

LIHEAP Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**LIHEAP  
RESPONSIBILITY STATEMENT**

I, \_\_\_\_\_ reside at  
*First MI Last*

\_\_\_\_\_  
*Street Address City Zip*

My Utility bill is in the name of \_\_\_\_\_

He/She is my \_\_\_\_\_. I am responsible for payment of the utility bill for the above address.

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

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Intake Worker's Signature Date

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RESPONSIBILITY STATEMENT**

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\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Intake Worker's Signature Date

Northern California Indian Development Council, Inc. (NCIDC)  
LIHEAP

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Verification of Unemployment/No Income

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Please fill out one form for each person in household 18 years or older  
without employment or income

I, \_\_\_\_\_ am currently unemployed and/or not  
Print Name

receiving any benefits or income.

I certify that all information is true and correct to the best of my knowledge. I am aware that the Tribe and/or NCIDC may verify my status with the Employment Development Department or other necessary agencies. I also understand that willfully and knowingly falsifying information may lead to criminal prosecution. I hereby grant permission to the Tribe and/or NCIDC to verify my status as stated above as part of the qualification process for LIHEAP benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tribal LIHEAP Coordinator

\_\_\_\_\_  
Date