

# Low Income Household Assistance Application



**LOWER ELWHA KLALLAM TRIBE**  
**3080 LOWER ELWHA ROAD, PORT ANGELES, WA 98363**  
**PHONE: 360.565.7257 • FAX: 360.457.8429**

The amount of 2021-2022 LIHEAP - Energy and/or LIHWAP - Water assistance is calculated by taking into consideration the information that is provided in this application. You will be notified by mail of approval/award amount or denial.

- **Please answer all questions.** If you need assistance filling out this form, help can be provided to you. ***This application cannot be processed if it is returned incomplete or without all required verifications you will be notified of additional information needed. The application will be denied and a new application will need to be submitted if there is no contact for 30 days.***
- If you believe we have a copy of your ID, SSI Card and Tribal ID/CIB please confirm with the receptionist. We are only able to reuse Picture ID, Tribal ID/CIB and SSI Cards that are on file. **Income must be updated yearly.**
- Return your completed application and necessary verification documents to the Lower Elwha Klallam Tribe Social Services Department (3080 Lower Elwha Road; Port Angeles, WA 98363) **OR** by Fax 360.457.8429.

## ***INCOME GUIDELINES LEKT LIHEAP/LIHWAP PROGRAMS***

Size of household	0-13% SMI	14-26% SMI	60% SMI
1	\$ 7,239	\$ 14,478	\$ 33,411
2	\$ 9,466	\$ 18,933	\$ 43,691
3	\$ 11,694	\$ 23,387	\$ 53,971
4	\$ 13,921	\$ 27,842	\$ 64,251
5	\$ 16,148	\$ 32,297	\$ 74,531
6	\$ 18,376	\$ 36,752	\$ 84,811
7	\$ 18,793	\$ 37,587	\$ 86,739
8	\$ 19,211	\$ 38,422	\$ 88,666
9	\$ 19,629	\$ 39,257	\$ 90,594
10	\$ 20,046	\$ 40,093	\$ 92,521
For each additional person add:	\$ 418	\$ 835	\$ 1,928

### **PRIVACY**

Information on the application will be used to determine eligibility. All information will be kept confidential and will be reviewed only by those specifically involved with program administration.

### **APPLICANT'S RIGHTS**

All applicants have a right to be informed of the results of their applications and amounts paid on their behalf within 3-5 business days of receipt of completed application. All applicants have a right to be informed of the reason if the application is denied, or not acted upon a timely manner. A hearing may be requested in writing or by telephone if the applicant is disabled. Applicants can request a fair hearing in writing to the Social Services Director. The request for hearing must be completed during the LIHEAP Award Year for which they were applying and pertains only to that year.

### **FRAUD**

To report concerns of possible fraud, waste or misuse of LIHEAP Funds, please help us eliminate it by calling to report concerns to the LEKT Social Services Director. If you don't feel comfortable calling our office you can report it to the Healthy and Human Services Fraud Alert hotline at 1-800-HHS-TIPS (800-447-8477) or visiting the website <https://forms.oig.hhs.gov/hotlineoperations/nothhsemployeeen.aspx>.

## REQUIRED DOCUMENTATION CHECKLIST

**Application Check List** –Before you submit your application, please make sure it is complete (no blank sections) and **YOU WILL NEED TO INCLUDE THE FOLLOWING DOCUMENTS** so that we can process it in a timely manner.

**Completed LIHEAP / LIHWAP Application**

**Proof of Native American Status**

Acceptable verification

- Tribal ID Card
- CIB or Enrollment letter

**Identification and SSI for ALL adults living in the household**

Acceptable verification

- Picture ID (State ID, driver's license, passport, school ID)
- Social Security Card

**Income Verification for ALL household members two months prior to application month**  
**Earned Income**

- Payscale stubs for previous three full months

**Unemployment**

- Benefit history printout or stubs for previous two full months

**Self-Employment (Worksheet available at [www.elwha.org](http://www.elwha.org))**

- Claiming deductions: organized receipt copies and Self-Employment Worksheet
- Not claiming deductions: Self-Employment Worksheet

**SSI, Social Security, VA Benefits, or Pension**

- Award letter or bank statement showing deposit.

**TANF or GA**

- Check stubs, determination letter or Statement from TANF/GA Case Manager or DSHS.

**Child Support Received OR Paid**

- Statement or processed check copies.

**No Income or Occasional, Non-Taxed Income (ALL ADULTS 18+ MUST COMPLETE IF NO INCOME)**

- No-Income Statement. Only used if none of the above apply or income is received from information sources (gift, odd jobs, childcare, etc.

**Landlord Statement** (mark "own home" if you do not rent)

**Utility bill**

- Current Utility Bill indicating proof of account and current residential address

**Utilities Included in Rent**

- Rental Agreement Stating heat is included in rent or Landlord/Manager Statement.  
Payments will be made directly to landlord when utilities are included in rent.

**Denial letter** IF you have applied for LIHEAP at another agency

**LOWER ELWHA KLALLAM TRIBE LIHEAP/LIHWAP APPLICATION**

Electric Assistance     Wood Assistance     Water Utility Assistance

**HOUSEHOLD COMPOSITION**

Applicant Name: \_\_\_\_\_ Applicant Tribe: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Number of people living in the home \_\_\_\_\_

Type of Housing:  Own  Rent    Do you live in subsidized/public housing:  Yes  No

**Primary Heating Source:**

Electric     Woodstove     Natural gas     Propane     Other \_\_\_\_\_

**Water Source:**

LEKT     City of Port Angeles     Dry Creek Water     Other \_\_\_\_\_

**Have you applied for LIHEAP at another agency?**     Yes     No

If you answered "Yes," you must provide a letter from the agency showing that your application for assistance was denied.

**Please complete for all household members:**

Name	Date of Birth	Social Security Number	Relationship	Receives Income Y/N
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**SOURCES OF INCOME AND OTHER ASSISTANCE**

**You must submit proof of income or assistance for all household members for the last three full calendar months. Send copies, as originals will not be returned. If “no income,” fill out the “ZERO Income” form.**

<input type="checkbox"/> Wages/Salaries	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Child Support
<input type="checkbox"/> Tips	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> General Assistance
<input type="checkbox"/> Commissions	<input type="checkbox"/> Inheritances	<input type="checkbox"/> Alimony or Spousal Support
<input type="checkbox"/> TANF	<input type="checkbox"/> Employment Bonuses	<input type="checkbox"/> Sick Leave Pay
<input type="checkbox"/> Disability Pay	<input type="checkbox"/> Lease Money	<input type="checkbox"/> Per Capita Payments
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Social Security	<input type="checkbox"/> Railroad Retirement
<input type="checkbox"/> Other Pensions	<input type="checkbox"/> Workman’s Compensation	<input type="checkbox"/> Union Compensation
<input type="checkbox"/> Interest & Dividends from Savings & Investments	<input type="checkbox"/> Self - Employment	<input type="checkbox"/> Individual Indian Monies

**Please list your total income from all sources for the last full three months:**

Employer	Month	Year	Wage Amount
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL:</b>			<b>\$</b>

**Proof of income may include:** pay stubs, award letters, employer statements (these must include the employer’s contact information, the name and social security number of the employee, the total income before deductions and the dates/time period of the work/earnings), SS/SSI award letters or bank statements with direct deposit (*fixed income only*), a printout from the unemployment office of support received, child support statements from DSHS or copies of child support checks, statements from agency providing financial assistance or compensation, bank statements for savings & investments, profit & loss statement with receipts for self-employment) or send a copy of the first 2 pages of your most recent federal tax return

## CERTIFICATION

I certify that all information that I have provided is true and complete. I authorize the LIHEAP staff to verify any information necessary. I realize false or incomplete information may subject me to denial of benefits and prosecution within the limits of the law. I understand that I may appeal a denial for benefits of the amount determination within 30 days of each notice. I further understand that my application will be acted on and I will be notified of the outcome within 10 business days of applying. I understand that even though I may meet the eligibility requirements, I may not qualify for LIHEAP assistance because funding is not available/has ended for the year.

My signature on this application further authorizes the utility vendor(s) identified in this application, my landlord and any individual or agency who can verify income or assistance that I, or anyone listed as a member of my household on this application, have received, to release this limited information to the Lower Elwha Klallam Tribe Social Services Department.

<b>PLEASE COMPLETE</b>	<b>Account holder, applicant or authorized representative Account information</b>
	I authorize _____ to release my utility account information (Utility/Vendor Name)
	I authorize _____ to release my utility account information (Landlord/Vendor Name)
	To the Lower Elwha Klallam Tribe's Social Services Department for the purpose of providing energy assistance services for the current program year 10/1/2021 to 09/30/2022

I understand that I have a right to a fair hearing upon request if my application is denied or if my application is not acted upon with reasonable promptness. To initiate the fair hearing process, contact the Social Services Director, Rebecca Sampson-Weed, at 360-565-7257, Ext 7456.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Agency Use Only</b>	AMOUNT APPROVED \$ _____
	_____ Intake Worker Signature:
	_____ Intake Date
	Agency Certification: The above named applicant has met the income eligibility requirements for the Lower Elwha Klallam Tribe Low Income Home Energy Assistance Program is authorized to receive assistance in the amount above.
	_____ Signature of Account holder, applicant, or authorized representative
	_____ Date



# ZERO INCOME ASSISTANCE STATEMENT



**\*\*IMPORTANT: Your application may be denied if you do not complete this form\*\***

## NO INCOME DECLARATION

I \_\_\_\_\_, do hereby declare that I have received no income for the months of \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

*Income is understood to include but is not limited to the following: Wages from an employer, unemployment insurance, time loss for work related injuries, child support received, military or other pension payments, social security, supplemental security income, TANF, work study programs, money received through self-employment, or odd jobs in exchange for food, shelter, or utilities.*

**I have been meeting my basic living needs for food, shelter and utilities in the following way:**

*If a friend or relative is helping pay your bills, please list name(s) and phone number(s)*

**Food:** \_\_\_\_\_

**Shelter:** \_\_\_\_\_

**Utilities:** \_\_\_\_\_

**During the 3 months listed above, did anyone in your household have sources of income you did not think to report?**

*If you mark any of the boxes below, you have received income/assistance. Please provide proof.*

Full-time job  Part-time job  Self-employed  Working for cash  Workers Compensation

**Unemployment**

County/Government Program  Social Security/SSI  Child Support  Insurance Benefits  Annuity Payments

Pension  Tribal Payments  Rental Income   Home Equity Loan

**Loans**  Credit Cards  Gifts  Other: \_\_\_\_\_

*\*\*Payments made by others to provide regular support for your household are considered income\*\**

**I authorize LEKT LIHEAP program to verify information offered on this Zero Income form.**

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

\_\_\_\_\_  
**Date**

**I have verified through ACES there are no conflicts of income information apparent at the time of application and any conflicts have been clarified and explained in the memo to record on file for this client.**

\_\_\_\_\_  
**LIHEAP Coordinator Signature**

\_\_\_\_\_  
**Date**

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County/Government Program  Social Security/SSI  Child Support  Insurance Benefits  Annuity Payments

Pension  Tribal Payments  Rental Income  Earned Income Credit  Savings  Home Equity Loan  Other Loans  Credit Cards  Gifts  Other: \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_  
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# LANDLORD STATEMENT



Rent  Own

**\*\* If you own your home please mark own and sign the bottom signature line.**

**PLEASE HAVE YOUR LANDLORD COMPELTE AND SIGN THIS FORM**

Is this Subsidized Housing/Section 8?  Yes  No

Tenant Name: \_\_\_\_\_

Tenant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HOUSEHOLD COMPOSITION: List all household members whom you are applying for must be identified:**

NAME	NAME

Date moved in \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_ Tenant Amount \$ \_\_\_\_\_

Rent includes the following:

Electricity \$ \_\_\_\_\_  Water \$ \_\_\_\_\_  Other: \_\_\_\_\_  
 Garbage \$ \_\_\_\_\_  Propane/Fuel \$ \_\_\_\_\_

Main heating source is:  Electric  Wood  Propane  Other:

Landlord Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

\_\_\_\_\_  
Landlord signature Date

Verified by phone call \_\_\_\_\_ Date \_\_\_\_\_

