



ENTERPRISE RANCHERIA **TRIBAL LIHEAP PROGRAM**

The following documents shall be submitted along with your Tribal LIHEAP Application before any payments by the tribe are authorized.

- 1) __ Current Proof of income (employment pay stubs, TANF, Social Security, etc.) for the past Thirty (30) days for *everyone* in the household over Eighteen (18) years of age. (If no income, you must fill out a zero income form)
- 2) __ Current copy of Energy Bill.(Please note that the bill does not have to be in your name)
- 3) __ Current copy of your shut off notice. (if your power is shut off)
- 4) __ Completed Release of Information Form signed by everyone in the home over Eighteen (18) years of age. (attached to application)
- 5) __ Form filled out for firewood vendor request. (attached to application, if applicable)



ENTERPRISE RANCHERIA
ESTOM YUMEKA MAIDU TRIBE

TRIBAL L.I.H.E.A.P. APPLICATION

INCOME VERIFICATION IS REQUIRED, for everyone in the household that is 18 years or older. Shut off notices and/or notices of determination; other documentation may be needed to complete your application. This application cannot be processed if returned incomplete or unsigned. *Denial of payment will result if any documentation is not received in a timely manner in which the application is received.*

Please complete the following questions to the best of your ability. If you need assistance in filling out this form, please contact the Enterprise Rancheria Tribal Office at (530) 532-9214.

Date: _____

Name: _____

SSN#: _____ Birthdate: _____

Spouse: _____

SSN#: _____ Birthdate: _____

Address: _____
(Physical address and mailing address) (City/state/zip)

Phone: _____

OTHER HOUSEHOLD MEMBERS:

NAME	RELATIONSHIP	BIRTH
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

SOURCE OF INCOME (for all members of household 18 or older)

\$ _____ Employment \$ _____ Un-Employment \$ _____ TANF/Tribal TANF

\$ _____ SS/SSI \$ _____ Retirement (Pension) \$ _____ Child Support

\$ _____ Other (**Specify**)

NET INCOME FOR LAST 30 DAYS: \$ _____

TRIBAL L.I.H.E.A.P. APPLICATION

Are Any Members Of Your Household Disabled? [] Yes [] No

Are Any Members Of Your Household Under The Age Of One? [] Yes [] No

Source you're requesting: (Check all that apply) [] Pg & E [] Wood [] Propane [] Other

(Explain) _____

Type of Assistance You Are Seeking: [] Energy Assistance [] Crisis

Have you received energy assistance form any other entity within the past 6 months? [] Yes [] No

If yes, what agency: _____

CERTIFICATION

I certify that the information on this application is true and correct to the best of my knowledge. I will provide written proof of my income and I authorize Enterprise Rancheria to verify income with any agency that is deemed necessary. The penalty for providing false information is denial of assistance. Proof of all statements made on this application must be provided before consideration of eligibility can be determined.

Signature of applicant

(Date)

FOR OFFICE USE ONLY

Date application was received: _____ **Date application was processed:** _____

Type of assistance applying for: [] Energy Assistance [] Crisis

Was application: [] Approved [] Denied

Approved by: _____

Denied by: _____

Reason for Denial:

COMMENTS:



Firewood Vendor Form

Name of Vendor: _____

Address of Vendor: _____

City, State: _____ Zip: _____

Amount of Firewood (how many cords): _____

Total amount due to vendor: _____

