



ENTERPRISE RANCHERIA **GRANT LIHEAP PROGRAM**

GRANT LIHEAP Program Checklist

You must include the following information with your application:

- ☐ ***Completed Application***
- ☐ ***Income Verification for all Members of the Household over the age of 18 - (Check Stubs, AFDC, TANF, SSI, SDI, Unemployment, Child Support, Taxes, etc., if no income, Zero Income Form attached) For the last 30 Days***
- ☐ ***Copy of your most current PG&E, Propane, Kerosene Bill, etc.***
- ☐ ***If you are requesting firewood assistance, the form to complete is attached to this application.***

INCOME GUIDELINES-60% MEDIAN INCOME:

1 Person HH \$29,173
2 Person HH \$38,149
3 Person HH \$47,126
4 Person HH \$56,102
5 Person HH \$65,078
6 Person HH \$74,055

For each additional household member above six persons, add three percentage points to the percentage for a six-person household (132 percent), and multiply the new percentage by 60 percent of the State's estimated median income for a four-person household.

Please keep in mind this is a point system program and the most it pays up to is \$340.00 if you qualify.



ENTERPRISE RANCHERIA

ESTOM YUMEKA MAIDU TRIBE

GRANT 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: \$ _____

GRANT 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: _____





Enterprise Rancheria
2133 Monte Vista Ave.
Oroville, CA 95966
PHONE (530) 532-9214 FAX (530) 871-6655

One form must be completed by each unemployed household member who is eighteen years of age or older who is not employed regularly or has no source of income. Failure to complete this from properly will only delay your application process.

Zero Income Form

Applicant Name: _____

1. Did the household receive any cash amount within the last 30 days?
2. If there is no income, what is your housing situation and how do you provide?
3. Do you pay your own utilities (water, electric, etc)? Please explain how you are able to afford it and if you cant afford it, how do you provide in exchange to help out?
4. Do you have your own transportation if so how are the costs to operate your transportation met? Please explain:
5. Are there others that live with the household that are not included on the application and is their food prepared separately?
6. Explain how you provide for your basic personal needs such as personal hygiene, clothing, shoes, etc.?

I have completed the above information to the best of my ability and verify that it is true.

Signature _____ Date: _____