



## **TRIBAL LIHEAP ASSISTANCE PROGRAM**

### **Eligibility for Tribal LIHEAP Assistance Program:**

1. Must Be an Enrolled Tribal Member 18 years of age or older
2. Assistance payment shall not exceed \$500.00 for the calendar year (Jan –Dec).
3. Applicant must be in good standing with the Tribe.

### **Documentation:**

Copy of your most current PG&E, Propane, Kerosene Bill, etc. If the documentation is not attached, we will not be able to process your assistance.

If you are requesting firewood assistance, Complete the attached firewood vendor form.



**ENTERPRISE RANCHERIA**

2133 Monte Vista Ave.

Oroville, CA 95966

Phone: (530) 532-9214 Fax: (530) 532-1768

**TRIBAL LIHEAP ASSISTANCE APPLICATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DOB.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS:**

	<b>NAME</b>	<b>DATE OF BIRTH</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**PLEASE DESCRIBE WHAT YOU'RE REQUESTING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# Firewood Vendor Form

Name of Vendor: \_\_\_\_\_

Address of Vendor: \_\_\_\_\_

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

Amount of Firewood (how many cords): \_\_\_\_\_

Total amount due to vendor: \_\_\_\_\_



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For office use only: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Tribal Administrator: \_\_\_\_\_ Date: \_\_\_\_\_