The Low Income Home Energy Assistance Program (LIHEAP) assists households with their heating and cooling energy costs. If you qualify financially for the grant, it is a point system award and our operations cap for the year is up to $1500.00.

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.
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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

- 3 -
Firewood Vendor Form

Name of Vendor: ____________________________________________

Address of Vendor: __________________________________________
City, State: ________________  Zip: __________

Amount of Firewood (how many cords): _________________________

Total amount due to vendor: __________________________
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 form 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 can't 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: ___________________