

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
(L.I.H.E.A.P.) APPLICATION**

**PLEASE MAKE SURE YOUR APPLICATION IS COMPLETE!! INCOMPLETE APPLICATIONS WILL BE HELD IN PENDING STATUS. THE FOLLOWING TYPES OF VERIFICATION MUST BE SUBMITTED WITH THE LIHEAP APPLICATION BEFORE IT WILL BE PROCESS.**

- 1- PLEASE LIST ALL HOUSEHOLD MEMBERS, NAMES, BIRTHDATES AND SOCIAL SECURITY NUMBERS.
- 2- TOTAL HOUSEHOLD INCOME MUST BE VERIFIED (PROOF)- I.E.: IF PAID BI-WEEKLY - TWO PAYSTUBS ARE REQUIRED, IF PAID WEEKLY- NEED FOUR RECENT PAYSTUBS, UNEMPLOYEMENT STUBS (4 ARE REQUIRED), AWARD LETTER FOR SOCIAL SECURITY, RETIREMENT, DSHS/TANF, *DIRECT CHECK DEPOSITS* CAN BE VERIFIED WITH A BANK STATEMENT, W-2 FORMS, INCOME TAX RETURNS, CHILD SUPPORT, ETC.
- 3- FUEL/ELECTRIC BILLING: SHOWING THE ACCOUNT NUMBER AND THE NAME OF REGISTERED ACCOUNT HOLDER.
- 4- COPY OF YOUR TRIBAL ID OR CIB (CERTIFICATION OF INDIAN BLOOD) FROM A U.S. FEDERALLY RECOGNIZED TRIBE.
- 5- CHILDCARE/SUPPORT COSTS: UP TO \$500.00 MAY BE DEDUCTED FROM YOUR TOTAL GROSS MONTHLY INCOME. CLIENTS MUST VERIFY WITH RECEIPTS OR A NOTE FROM CHILDCARE PROVIDER.  
CHILD SUPPORT PAYMENTS- WILL BE VERIFIED THROUGH THE COLVILLE CONFEDERATED TRIBES' CHILD SUPPORT ENFORCEMENT PROGRAM.
- 6- RENTAL AGREEMENT OR RECEIPT: THIS IS NEEDED IF YOU ARE REQUESTING NEW ASSISTANCE TO OPEN A NEW ACCOUNT REQUIRING A DEPOSIT.

**FOR MORE INFORMATION, PLEASE FEEL FREE TO CONTACT US AT:**  
**RICHARD C. TONASKET; Program Manager: 509-634-2770**  
**richard.tonasket.LIH@colvilletribes.com**  
**CODY W. MARCHAND; ADMIN ASSISTANT: 509-634-2769**  
**cody.marchand.LIH@colvilletribes.com**  
**FAX Number 509-634-2795**

**COLVILLE CONFEDERATED TRIBES  
 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
 P.O BOX 150, Nespelem, WA 99155  
 OFFICE: (509)634-2769 OR 634-2770~ Fax: (509)634-2795**

Name-Head of Household \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name-Spouse, Live-In \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME LOCATION: \_\_\_\_\_ PHONE/MESSAGE: \_\_\_\_\_  
 Directions (street, HUD#, ECT)

PREVIOUS ADDRESS, IF YOU HAVE NOT LIVED HERE FOR OVER 1 YEAR? \_\_\_\_\_

IS HEAD OF HOUSEHOLD? (CHECK ONE)  Colville Tribal Member  Member of other Tribe  Non-member

If Non-Indian, who in the household is a Tribal Member?  
 Name \_\_\_\_\_ Tribe \_\_\_\_\_ Tribal ID \_\_\_\_\_

**LIST ALL OTHER HOUSEHOLD MEMBERS**

	Household Member's Name	Age	Birthdate	Social Security	Tribal Affiliation
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

- Are any members of your household "ONLY TEMPORARY RESIDENTS"?  YES  NO
- ❖ Are any members of your household "PERMANENTLY DISABLED"?  YES  NO
- ❖ Are there any members of your household "SEASONAL WORKER"?  YES  NO
- ❖ **Has any member of your household applied or received Energy Assistance from another Tribe or program since October 1, 2023?  YES  NO. If yes, when and where?**

List the total Gross Income received by all members living in your household:			
Household Member's Name	Employer's Name	Gross Check	How Often Paid?
		\$ _____	Wkly, Bi-Wkly, Monthly
		\$ _____	
_____	Unemployment (Head of Household)	_____	State AFDC, Welfare
_____	Unemployment (Spouse)	_____	Tribal TANF
_____	Child Support – to be verified through CCT Child Support Program	_____	Tribal General Assistance (GA)
_____	Social Security	_____	Education Loan
_____	SSI (Supplemental Security Income)	_____	Education Scholarship or Grant
_____	Pension/Retirement	_____	Self Employed
_____	Rental/Lease Income	_____	No Income-complete Form NI
		_____	Other
Total income Past Month: \$ _____ or 3 months \$ _____ or past 12 months \$ _____			
Explanation _____			
: _____			
_____			
Do you pay monthly child care/support costs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much \$ _____ (This amount will be deducted from gross income)			

DO YOU LIVE IN A:  HOUSE,  TRAILER OR  APARTMENT?

DO YOU:  RENT,  OWN OR  ARE YOU BUYING YOUR HOME?

IS THE COST OF HEATING YOUR HOME INCLUDED IN THE RENT?  YES  NO

WHAT TYPE(S) OF FUEL DO YOU USE TO HEAT YOUR HOME?

OIL  ELECTRIC  WOOD  WOOD PELLETS  PROPANE

**YOU ARE ONLY ELIGIBLE FOR ASSISTANCE FOR ONE TYPE OF FUEL: Choice of Fuel Type: \_\_\_\_\_**

IF ELECTRIC, HAVE YOU RECEIVED A "NOTICE OF SERVICE DISCONNECTION?  YES  NO

(If "Yes" please attach your disconnect notice)

Name and address of Heating Fuel Supplier (vendor): \_\_\_\_\_

WHOSE NAME is (or will be) on the fuel bill?: \_\_\_\_\_ Account#: \_\_\_\_\_

**\*\*\*\*\*COMPLETE THIS AREA \*\*\*\*\*ONLY IF YOU ARE REQUESTING FIREWOOD \*\*\*\*\*  
THIS WILL REQUIRE PHYSICAL VERIFICATION OF DELIVERY**

- Please choose the length of wood that you are requesting: 14" \_\_\_\_\_ 16" \_\_\_\_\_
- OR is there a special length of wood needed for your woodstove?  YES  NO Size: \_\_\_\_\_
- Estimate cords of firewood used to heat your home for the winter (4 months): \_\_\_\_\_
- For delivery, directions to your home (please include Street, House Number, Road Name and Color of Home):  
\_\_\_\_\_

**\*\*\*\*\*COMPLETE THIS AREA \*\*\*\*\*ONLY IF YOU NEED ENERGY CRISIS INTERVENTION\*\*\*\*\*  
TYPE OF ENERGY CRISIS ASSISTANCE NEEDED? (CHECK ONLY ONE!!!)**

- A. Minor repair(s) to your household heating source (explain below).
- B. Replacement/supplement to the present household heating source (documents required: Home ownership, three quotes and pictures of requested replacement).
- C. Emergency electric heating bill payment (explain below the "Emergency").
- D. Emergency fuel delivery ( firewood,  oil,  wood pellets,  propane) (check one)–less than 10 day supply on hand.

Explanation:

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

**\*\*\*\*\*COMPLETE THIS AREA \*\*\*\*\*ONLY IF YOU NEED WEATHERIZATION ASSISTANCE\*\*\*\*\***

Have you applied or received WEATHERIZATION ASSISTANCE before?  YES  NO

If yes, when and from whom? \_\_\_\_\_

What type of small home Weatherization repairs are you interested in receiving (please include pictures if requesting replacement)? \_\_\_\_\_

**The following checklist must be completely submitted with your application before it can be processed.**

**\*\*Incomplete information will result in your application being held in a pending status.\*\***

1.  **VERIFICATION (proof) OF INCOME:** Examples: If paid **bi-weekly-need two pay stubs**, weekly-need four paystubs, unemployment stubs, W-2 Forms, Income Tax Return forms, bank statements for direct deposits, award letters for Social Security, Supplemental Security Income, State AFDC-Welfare, Tribal TANF, Tribal GA etc.
2.  **FUEL/ELECTRIC BILLING:** showing the applicant's account number and the name account is registered under (if payment is under a landlord's name please provide a written statement you are responsible for payment).
3.  **RENTAL AGREEMENT OR RECEIPT:** Only needed if you are requesting assistance with a deposit to open a new account.
4.  **CHILD CARE/SUPPORT COSTS:** Up to \$500 may be deducted from your total Gross Monthly Income. Child Care costs must be verified by: Receipts (check copies), a note from Childcare Provider or receipts on child support payments.
5.  **VERIFICATION OF TRIBAL ENROLLMENT:** ID card, C.I.B. Certification of Indian Blood (this information is required annually).

**I declare that the information given me on this application for Energy Assistance is true and correct. I understand that because the Colville Tribe's Low Income Energy Assistance Program is federally funded, the penalty for providing false information shall be not more than a \$10,000.00 fine or not more than 5 years imprisonment or both.**

**I give my consent to any investigation to verify or confirm the information I have given and I also authorize the utility/fuel supplier to release any information pertinent to my fuel costs and consumption.**

**I understand that I have the right to appeal any decision made on my application within 10 working days by having my case reviewed with the LIHEAP Manager. Then if I am still dissatisfied, a formal hearing will be requested within 10 working days of the LIHEAP Program Director's decision by writing to Colville Tribe's Health & Human Services Director, PO Box 150, Nespelem, WA 99155.**

\_\_\_\_\_  
**Applicant's Signature**

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



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 P.O. Box 150, Nespelem, WA 99155  
 (509) 634-2769/2770  
 FAX: (509) 634-2795



**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

**NO - INCOME STATEMENT**

*(This form is to be completed by any household member 18 yrs. & over with no income.)*

I, \_\_\_\_\_, do hereby declare that I have NOT received any type of income for the month of \_\_\_\_\_ 202\_\_.

I certify that the information contained in this NO-INCOME DECLARATION is complete and accurate to the best of my knowledge. I understand that the penalty for providing false information shall be not more than a \$10,000.00 fine or not more than 5 years imprisonment or both.

I also give my consent to any investigation to verify or confirm the information I am giving.

My Basic living needs (Shelter, Food, home heating bills, transportation) have been met (Paid For) during the above month by; GIVE A BRIEF EXPLANATION HOW THESE NEEDS HAVE BEEN MET

**SHELTER:**

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**FOOD:**

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**HOME HEATING:**

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**TRANSPORTATION: (NOTE - HOW HAVE YOU BEEN PURCHASING GAS/ OIL FOR YOUR VEHICLE?)**

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\_\_\_\_\_  
**APPLICANT' S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**LIHEAP REPRESENTATIVE**

\_\_\_\_\_  
**DATE SIGNED**



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**SHELTER:**

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

**FOOD:**

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

**HOME HEATING:**

\_\_\_\_\_

**TRANSPORTATION: (NOTE - HOW HAVE YOU BEEN PURCHASING GAS/ OIL FOR YOUR VEHICLE?)**

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

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**LIHEAP REPRESENTATIVE**

\_\_\_\_\_  
**DATE SIGNED**