

2021 LIHEAP CHECK OFF LIST

Do not submit intakes unless fully completed with all required items.
THIS WILL BE THE RESPONSIBILITY OF THE TRIBAL LIHEAP COORDINATOR, BY SIGNING INTAKE YOU ARE VERIFYING ALL INFORMATION IS TRUE AND CORRECT

1. _____ **Fully Completed Intake Form**
(INTAKES MUST REMAIN UNDER ONE NAME PER ADDRESS)

Please use numbers in section 18.b.

2. _____ **Current Income Documentation For Past 30 Days**
(FOR ALL HOUSEHOLD MEMBERS)

Every household member over 18 that has no income needs to sign a no income verification form.

3. **ALL BILLS OR INVOICES MUST INCLUDE 1) ACCOUNT NUMBER 2) NAME ON THE ACCOUNT 3) COMPANY NAME AND ADDRESS.** If applying for assistance with more than one bill please provide amounts for each not exceeding the maximum amount allowed.

_____ **Current Energy Bill**

_____ **Current Propane Invoice**

_____ **Wood or Pellets**

Vendor Name: _____

Address: _____

Phone Number: _____

Dollar Amount Charged Per Cord: _____

NCIDC WILL NOT PAY FOR WOOD THAT HAS ALREADY BEEN DELIVERED - NO ACCEPTIONS

4. _____ **Responsibility Statement**
5. _____ **Tribal Membership Of Applicant**

Contact Information

Client Name

Reservation:

Residential Address

Mailing Address

Household Home Phone

Mobile Phone

Emergency Phone

Email Address

Language Spoken

Household Demographics

Household Type (1 one)

Housing Type (1 one)

Housing Subsidy Type (1 one)

in Household

- 2 Parent Household
- Single Person In Household
- 2 Adults No Children
- Other
- Non-Related Adults with Children
- Multi-Generational Household

- Own
- Rent
- Homeless
- Other Permanent Housing
- Reservations/Rancheria Resident (1 one)
- Yes
- No

- Housing Choice Voucher
- HUD-VASH
- Permanent Supportive Housing
- Public Housing
- Other Subsidy Type
- None
- Unknown/Not Reported

- Language Proficiency (1 one)
- Beginner Lower Level
- Intermediate
- Advance/Fluent
- Tribal Affiliation

Person Demographics

SSN

BirthDate

Head Of Household (1 one)

Gender

- Race (1 one)
- Amer. Indian/Alaskan. Native
 - Asian
 - Black or African American
 - Hawaiian or Pacific Islander
 - White
 - Multi-Race
 - Other
 - Unknown/Not Reported

- 2nd Race
- Amer. Indian/Alaskan. Native
 - Asian
 - Black or African American
 - Hawaiian or Pacific Islander
 - White
 - Multi-Race
 - Other
 - Unknown/Not Reported

- Yes
- No

- Male
- Female
- Other
- Unknown/Not Reported

- Ethnicity (1 one)
- Hispanic
 - Non-Hispanic
 - Unknown/Not Reported

- Work Status (1 one)
- Employed Full-Time
 - Employed Part-Time
 - Migrant Seasonal Farm Work
 - Unemployed (5 months or less)
 - Unemployed (More than 6 mo)
 - Retired
 - Unknown/Not Reported

Disabling Condition (1 one)

- Yes
- No

Education Level (1 one)

- Up to 8th Grade
- Up to 12th Grade
- High School Grad or GED
- Any schooling beyond high school
- College Graduate, 2 or 4 Year
- Graduate of Other post-secondary school

Military Status (1 one)

- Active Military
- Veteran
- Not Veteran or Active Military
- Unknown/Not Reported

Primary Health Insurance Source (1 one)

- Direct Purchase
- Medicare
- Medicaid
- None
- State Children's Health Insurance
- State Health Insurance for Adults
- Military Health Insurance
- Employment Based
- Unknown/Not Reported

Secondary Health Insurance Source

- Direct Purchase
- Medicare
- Medicaid
- None
- State Children's Health Insurance
- State Health Insurance for Adults
- Military Health Insurance
- Employment Based
- Unknown/Not Reported

Person Demographics (continued)

Income Sources (✓ all that apply)	Self Employment	Soc. Security Retirement	SSDI	SSI	SSP	Support	Unemployment	VA Service Connected Disability Pension	VA Non-Service Connected Disability Pens	Wages	Workers Compensation	Total Income for this person:	Non-Cash Benefits (✓ all that apply)	Affordable Care Act (ACA) Subsidy	Childcare Voucher	LIHEAP	SNAP	WIC	Other	Unknown/Not Reported
<input type="checkbox"/> AFDC/TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alimony/Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EAEDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EITC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CA TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IRA/401k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lump Sum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Odd Jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please numbers of people

NO CHECK MARKS

Senior Citizen (Over age 62)

Disabled (receiving SSI)

Child(ren) age five or under in household

Energy Burden exceeds 20%

Six or more individuals in the household

Number of Adults

Number of Children under 18

Intake Worker Name (print below)

Recommended Amount

\$

CSBG Eligibility Guidelines and Determination

Poverty Guidelines Dated	HHS Poverty Level (✓ applicable)	Family Size	Household Income
1/1/19	<input type="checkbox"/> 100% HHS Poverty		
	<input type="checkbox"/> 125% HHS Poverty (TANF)		
	<input type="checkbox"/> 60% State Median		
	<input type="checkbox"/> Reservation/Rancheria Pocket of Poverty		

% of Poverty

CERTIFICATION: By signing this document I am certifying that all information provided orally and on this application form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program in which I am participating and may result in prosecution. If any of the information, including but not limited to income, changes after signing this form, I will promptly report.

Applicant: _____

Date: _____

LIHEAP Coordinator: _____

Date: _____

**LIHEAP
RESPONSIBILITY STATEMENT**

I, _____ reside at
First MI Last

Street Address City Zip

My Utility bill is in the name of _____

He/She is my _____. I am responsible for payment of the utility bill for the above address.

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP. I hereby grant permission to the Tribe and/or to the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP providers to insure that there is no duplication of LIHEAP services to myself or my household.

Applicant's Signature Date

Intake Worker's Signature Date

**LIHEAP
RESPONSIBILITY STATEMENT**

I, _____ reside at
First MI Last

Street Address City Zip

My Utility bill is in the name of _____

He/She is my _____. I am responsible for payment of the utility bill for the above address.

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP. I hereby grant permission to the Tribe and/or to the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP providers to insure that there is no duplication of LIHEAP services to myself or my household.

Applicant's Signature Date

Intake Worker's Signature Date

Northern California Indian Development Council, Inc. (NCIDC)
LIHEAP

Verification of Unemployment/No Income

Please fill out one form for each person in household 18 years or older without employment or income

I, _____ am currently unemployed and/or not
Print Name

receiving any benefits or income.

I certify that all information is true and correct to the best of my knowledge. I am aware that the Tribe and/or NCIDC may verify my status with the Employment Development Department or other necessary agencies. I also understand that willfully and knowingly falsifying information may lead to criminal prosecution. I hereby grant permission to the Tribe and/or NCIDC to verify my status as stated above as part of the qualification process for LIHEAP benefits.

Signature

Date

Signature of Tribal LIHEAP Coordinator

Date