

# Spokane Tribe of Indians

## Low-Income Home Energy Assistance Program

PO Box 540, Wellpinit, WA 99040  
Phone: (509)606-2018; Fax: (509)258-7029

Name-Head of Household: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Tribe: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Phone/Message: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### LIST ALL OTHER HOUSEHOLD MEMBERS

Household Member's Name:	Age	Social Security #	<u>Net Income</u>	
			Monthly	Annual
Head of Household				

### Source of Income (Check all that apply):

Social Security/SSI/SSDI	<input type="checkbox"/>	Food Benefits(EBT)	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	Cash Benefits(EBT)	<input type="checkbox"/>
General Assistance (GA)	<input type="checkbox"/>	Pension/Retirement Benefits	<input type="checkbox"/>
Student Scholarships or Grants	<input type="checkbox"/>	No Income-Complete S.N.I	<input type="checkbox"/>
TANF/Child Only TANF	<input type="checkbox"/>	Other	<input type="checkbox"/>
Self-Employed	<input type="checkbox"/>		

Do you live in a  House,  Trailer or  Apartment?

Do you  Rent,  Own or  are you buying your home?

Y or N

Do you reside within the Spokane Indian Reservation?	
Is any member of the household "permanently disabled"?	
Is any member of the household 60 years of age or older?	
Is any member of the house hold 6 years of age or younger?	

**Fuel Source Wanted:**

Electric	
Wood	
Pellets	
Presto logs	
Propane	

\* If Electric, have you received a "Notice of Service Disconnection?"  
 Yes       No

\* Name and address of Heating Fuel Supplier(Vendor):

\* Account Number: \_\_\_\_\_

**\*\*COMPLETE THIS AREA; ONLY IF YOU ARE UNABLE TO FIND A WOODCUTTER\*\***  
**\*\*\*AND ARE REQUESTING FIREWOOD\*\*\***

Is there a special length of wood need for you wood stove?       Yes       No

If yes, what size? \_\_\_\_\_

For Delivery, directions to your home: \_\_\_\_\_

**The following must be submitted with your application before it can be processed**  
**Incomplete information will result in your application being held in a pending status.**

Items needed

- 1 Proof of Social Security Number
- 2 Verification of Enrollment: ID Card, C.I.B. Certification of Indian Blood
- 3 Utility Bill(must be in head of households name): showing the account number and the name the account is registered under.
- 4 Verification of Income:(For everyone in the household 18 and up)
  - a. Pay stubs
  - b. Social Security Award letter for current year
  - c. Bank Statements
  - d. Unemployment Stubs
  - e. TANF/Child only TANF Award letters
  - f. General Assistance Award letters
  - g. Food and/or Cash benefits Award letter
  - h. Completed No Income Statement

I declare that the information I have provided on this application for Energy Assistance is true and correct. I understand that because the Spokane Tribe of Indian's Low-Income Home Energy Assistance Program is federally funded, and the penalty for providing false information shall not be more than \$10,000.00 fine or no more than 5 years imprisonment or both.

I understand that if information I have provided in this application is fraudulent I will be banned from all LIHEAP assistance for one calendar year.

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, payment history, account balances and consumption.

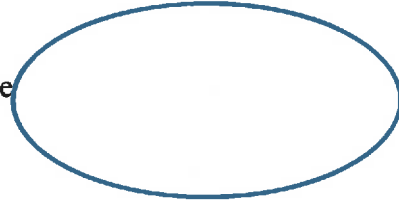
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Award Amount:

Intra Office:  LIHEAP  LIRAP  Categorically Eligible

Application received on: \_\_\_\_\_





# LIHEAP Fair Hearing Policy and Procedure

## Denials:

I understand that the Spokane Tribe of Indians LIHEAP Program may choose to deny my application based on:

- Discovery of fraudulent information
- Income exceeds guidelines
- Services have been received by another funding source
- Lack of documents
- Funding has been exhausted

Should this occur, I understand that I may be denied LIHEAP assistance for the current Fiscal Year. If I, the applicant, am unsatisfied with the decision the LIHEAP Director made on my application, I have the right to a fair hearing. If I, the applicant, choose to request a fair hearing I must submit the request in writing to the LIHEAP Director within (5) working business days after receiving denial notice. Failure to do so shall constitute acceptance of denial. Should I, the applicant, file request within prescribed time period, the director has (2) working business days to respond to the request. If I, the applicant, am not satisfied with the director's response, a hearing will be scheduled with the HHS Director.

## Untimely Processing:

Applicants who feel their applications have not been acted upon in a timely manner may request a fair hearing. Should I, the applicant, file a request for a fair hearing based on my perception of untimely processing, the director has (2) working business days to respond to the request. If I, the applicant, am not satisfied with the director's response, a hearing will be scheduled with HHS Director.

## Inaccurate Benefit Amount:

Applicants who feel their LIHEAP benefits were calculated incorrectly may request a fair hearing. Should I, the applicant, file a request for a fair hearing based on my perception of an inaccurate LIHEAP benefit, the director has (2) working business days to respond to the request. If I, the applicant, am not satisfied with the director's response, a hearing will be scheduled with the HHS Director.

All requests for fair hearings and related correspondence will be documented in the applicant's file to ensure responses are handled in a timely manner by via phone and letter.

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Applicant Signature

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Date

Tawhnee Colvin  
HHS Assistant Director  
LIHEAP  
Spokane Tribal of Indians  
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