



**QUARTZ VALLEY INDIAN RESERVATION  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
APPLICATION  
2012**

**QUARTZ VALLEY INDIAN RESERVATION  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
2012 ENERGY INTAKE FORM**

APPLICANT'S NAME: \_\_\_\_\_

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

PHYSICAL STREET ADDRESS: \_\_\_\_\_

(Do not use P.O. Box)

CITY / STATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HEATING AND ELECTRICITY INFORMATION**

Do you pay for your heat directly?  YES  NO If yes, who is your vendor? \_\_\_\_\_

What is your primary heating source?

Kerosene/Oil  Electricity  Other (specify): \_\_\_\_\_

Propane  Wood

Do you have a secondary heating source?  YES  NO If yes, what kind of fuel do you use? \_\_\_\_\_

How is your household electricity paid?  Direct Payment  Housing Authority  Included in Rent

If you directly pay for electricity or if the Housing Authority pays it for you, please provide a copy of your most recent bill and write the date and time the electric bill was received: \_\_\_\_\_

**Type of Dwelling and Applicant Status**

Check here if utilities are included in your rent or sub-metered.

Check here if utilities are not included in your rent or sub-metered.

Has your residence been weatherized?  YES  NO  NOT SURE

Is your residence:  House  Apartment  Duplex  Mobile Home

Main Heating Source: \_\_\_\_\_

Alternate Heating Source: \_\_\_\_\_

Do you own or rent?  Own  Rent

Monthly Rent or Mortgage: \$ \_\_\_\_\_

**NAME LISTED ON THE UTILITY BILL:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**AMOUNT LISTED ON CURRENT BILL: \$** \_\_\_\_\_

**PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**SERVICE PROVIDER (Name of Company to be paid):** \_\_\_\_\_

**COMPANY'S ADDRESS:** \_\_\_\_\_

**QUARTZ VALLEY INDIAN RESERVATION  
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2012 HOUSEHOLD COMPOSITION FORM**

EVALUATION OF HOUSEHOLD MUST BE COMPLETED TO DETERMINE ELIGIBILITY FOR ASSISTANCE  
(The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.)

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

List All Household Members Below (complete listing of all family members):

Name	Relationship	Social Security #	Tribal #	Age and Birth Date	Disabled		Income Amount and Source
<i>Please Print</i>					<b>Please Circle One</b>		
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	

(Use a blank sheet of paper if you have more composition family members to list.)

**Total Household Members**

DEMOGRAPHICS - Enter the number of persons in your household who are:

2 Years or Under \_\_\_\_\_  
 Ages 3 to 5 Years \_\_\_\_\_  
 Ages 6 to 18 Years \_\_\_\_\_  
 Elderly (55 Years or Older) \_\_\_\_\_  
 Disabled (Proof must be provided.) \_\_\_\_\_  
 Tribal Member \_\_\_\_\_

**Office Use Only** (Comments Regarding Demographics)

ENTER TOTAL GROSS MONTHLY INCOME FOR ALL PERSONS LIVING IN THE HOUSEHOLD

TANF/AFDC \$ \_\_\_\_\_  
 SSI/SSP \$ \_\_\_\_\_  
 SSA \$ \_\_\_\_\_  
 VA \$ \_\_\_\_\_  
 INTEREST \$ \_\_\_\_\_  
 PAYCHECKS \$ \_\_\_\_\_  
 PENSION \$ \_\_\_\_\_  
 NGD FUNDS \$ \_\_\_\_\_ DIVIDE BY THREE (3)  
 OTHER \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_ GROSS MONTHLY INCOME

**Office Use Only** (Comments Regarding Income)

**QUARTZ VALLEY INDIAN RESERVATION  
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2012 FIREWOOD USAGE FORM**

My household uses approximately \_\_\_\_\_ cords of firewood during the winter months to heat our home.

We spend \$\_\_\_\_\_ per cord. A cord of firewood lasts approximately \_\_\_\_\_ month (s).

**Residence Address:**

\_\_\_\_\_, \_\_\_\_\_, Siskiyou County, California, \_\_\_\_\_  
Number and Street Name City Zip Code

1. Do not sign for wood voucher until wood has been delivered in the quantity and quality you ordered. The QVIR Energy Program will not be responsible for wood delivery if you sign before you receive the wood. \_\_\_\_\_(Initial)
2. A cord of wood is 4-feet high by 4-feet in depth and by 8-feet in length and tightly stacked. \_\_\_\_\_(Initial)
3. After you receive and sign for the wood delivery, you must return this voucher to the Intake Worker for payment approval. \_\_\_\_\_(Initial)
4. Failure to sign this receipt will result in a delay in payment \_\_\_\_\_(Initial)

I, \_\_\_\_\_, certify that I understand the above instructions.

\_\_\_\_\_  
Applicant's Signature Date

VOUCHER # \_\_\_\_\_

\*\*\*\*\*

VOUCHER # \_\_\_\_\_

**VENDOR FORM FOR WOOD**

Applicant's Name (please print): \_\_\_\_\_ Telephone #: \_\_\_\_\_

Applicant's Physical Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Vendor's Name (please print): \_\_\_\_\_ Telephone #: \_\_\_\_\_

Vendor's Physical Address: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**SIGNATURES REQUIRED FOR BOTH SPACES BELOW:**

I, \_\_\_\_\_, certify that I accepted delivery of \_\_\_\_\_ cord(s)  
*(Applicant's Signature)* (Number of Cords Received)

of wood from \_\_\_\_\_ on \_\_\_\_\_  
*(Wood Vendor's Signature)* (Date)

NOTE: All Wood Vendor's must complete a W-9 form.

**QUARTZ VALLEY INDIAN RESERVATION  
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2012 FAIR HEARING FORM**

**APPLICATION**

Eligibility will be based on:            Residency / Income / One per Household

**FAIR HEARING**

This offers a fair administrative hearing to all applicants to the program. This intent is to give households a chance to explain why they believe they should receive L.I.H.E.A.P. assistance if the Tribe did not process the application in a reasonable prompt manner or if processing an application did not make an eligibility determination (approval or denial) in processing an application.

**PROCESS**

1. After receiving notice of Approval or Denial and within five (5) business days, the applicant may request a preliminary meeting with the program coordinator to resolve any concerns. If concerns are not resolved, the following steps will be taken:
  - a. Within five (5) working days, a meeting will be arranged with you, the program coordinator, and the current Tribal Administrator or delegated representative. If not settled, a hearing will be scheduled within five (5) business days for a formal hearing before the grievance committee. This decision is final and binding to all participants.
  
2. This process has a limitation as follows: The Initial Request Meeting to the Formal Action Hearing is limited to twenty (20) days and no long than thirty (30) days. [Note: Tribal Grievance procedures have priority over all programs at Tribal Level – see attachment.]

**APPLICANT'S RIGHTS**

1. The Right to Review Your Records
2. The Right to Have Someone Accompany You
3. The Right to Have Witnesses
4. The Right to Have an Interpreter
5. The Right to Submit Evidence

**By signing below, I acknowledge and understand:**

**I HAVE BEEN ADVISED OF MY RIGHTS AND APPEAL STEPS**

I am certifying that all information is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to receiving no services if found guilty. I am the only person in my Household Composition who is applying for services and I give permission to the LIHEAP staff to contact and verify all documents concerning my/our income.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Worker's Signature

\_\_\_\_\_  
Date