



QUARTZ VALLEY INDIAN RESERVATION
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
APPLICATION
2019

**QUARTZ VALLEY INDIAN RESERVATION- LIHEAP
2019 ENERGY INTAKE FORM**

Please understand this entire application must be filled out or it will be considered incomplete; stating this, an incomplete application will not be processed.

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

PHYSICAL STREET ADDRESS: _____

TELEPHONE NUMBER: _____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

HEATING AND ELECTRICITY INFORMATION

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 your Electricity is your primary heating source 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 rent.
 Check here if the 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
Do You Own or Rent? Own Rent
Monthly Rent or Mortgage: \$ _____

NAME LISTED ON THE UTILITY BILL: _____

ACCOUNT NUMBER: _____

AMOUNT LISTED ON CURRENT BILL: \$ _____

SERVICE PROVIDER to be paid: _____

COMPANY'S ADDRESS: _____

PHONE NUMBER: (____) _____ - _____

A copy of the Bill for the needed utility must be attached this includes Propane Vendors – AmeriGas # (530)842-2748 fax to QVIR (530)468-5908 or email to frieda.bennett@qvir-nsn.gov This is the responsibility of the applicant unless arrangements have been made.

**QUARTZ VALLEY INDIAN RESERVATION- LIHEAP
2019 Household composition**

**EVALUATION OF HOUSEHOLD MUST BE COMPLETED TO DERTIMINE ELIGIBILITY FOR ASSISTANCE
HOUSEHOLD COMPOSITION**

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: _____ Message Phone: _____

List All Family Composition Below: (complete listing of family members)

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

All Portions are Required						
Name	Relationship	Social Security #	Tribal #	D.O.B.	Disabled	Income Amount & Source
	Self				Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	

(Use a blank sheet if you have more family composition members to be listed.)

Total Household Members:

- 5 years or under _____
- Ages 6 to 18 years _____
- Ages 19-54 years _____
- Elderly (55 years or Older) _____
- Disabled (proof must be provided) _____
- QVIR Tribal Member _____

Office use only:

(Comments regarding Demographics)

Household Income

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

TANF/GENERAL ASST.	YES	NO	\$ _____
SSI	YES	NO	\$ _____
SSA	YES	NO	\$ _____
VA	YES	NO	\$ _____
PAYCHECK(S)	YES	NO	\$ _____
PENSION	YES	NO	\$ _____
NGD FUNDS	YES	NO	\$ _____ (DIVIDE BY THREE 3)
CHILD SUPPORT	YES	NO	\$ _____
ALIMONY	YES	NO	\$ _____
OTHER	YES	NO	\$ _____
TOTAL	YES	NO	\$ _____ (GROSS MONTHLY INCOME)

Office use only:

(Comments regarding income)

**QUARTZ VALLEY INDIAN RESERVATION- LIHEAP
2019 FIREWOOD USAGE FORM**

N/A

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 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 the wood is received. _____ (initial)
2. A cord of wood is 4 feet high, 4 feet depth and 8 feet length and tightly stacked. _____ (initial)
3. When you receive the wood and have signed, this voucher must be given to the Intake worker to be approved for payment. _____ (initial)
4. Failure to sign this receipt will result in a delay in payment. _____ (initial)

I, _____, certify that I understand the instructions above.

Applicants Signature Date

VOUCHER # _____

VOUCHER # _____

VENDOR VOUCHER FOR WOOD
All wood vendors must complete a w-9

Applicants Name (please print): _____ Telephone #: _____

Applicants Physical Address: _____

Vendors Name (please print): _____ Telephone #: _____

Vendors Mailing Address: _____

Make Check Payable to: _____ Amount: \$ _____

SIGNATURES REQUIRED FOR BOTH SPACES PROVIDED BELOW:

I, _____, agree that, _____, did deliver
(APPLICANT'S Name)
_____ cord(s) on _____ and I do accept this delivery:

(Applicants Signature and Date)

(Wood Vendors Signature and Date)

**QUARTZ VALLEY INDIAN RESERVATION- LIHEAP
2019 FAIR HEARING FORM**

APPLICATION

Eligibility will be based on: Residency/ Income/ 1 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 LIHEAP assistance if: (1) the Tribe did not process the application in a reasonable promptness; or (2) in making an eligibility determination (approval or denial) in processing an application.

PROCESS

1. After receiving notice of Approval or Denial you may request a preliminary meeting with the program coordinator within five (5) working days and see if concerns can be resolved. If not resolved the following steps will be taken:
 - a. A meeting will be arranged with you, the program coordinator and the current Tribal Administrator or delegated representative within five (5) working days. If not settled, a hearing will be scheduled within five (5) working days for a formal hearing before the Business Council. This decision is final and binding to all participants.
2. This process has a limitation as followed: The Initial Request Meeting to the Formal Action Hearing is limited to twenty (20) days and no longer than thirty (30) days.

APPLICANTS 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; and
5. The right to submit evidence.

By Signing below acknowledge and understand:

I HAVE BEEN ADVISED OF MY RIGHTS AND APPEAL STEPS

I am certifying 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

The following documents are needed to complete the QVIR LIHEAP Application

LIHEAP Application Checklist:

- Income for household verification
- Energy or Power Statement
- Signatures on all required documents
- Enrollment verification or number for all Tribal Members
- Social Security Cards and Numbers for all Household Members
- Applications claiming Emergency Status must show proof
- Wood Assistance – 1st half of Wood Voucher completed
- Complete all Highlighted Areas of Application

Note: The Award process will not start until all needed documentation is received.