



**QUARTZ VALLEY INDIAN RESERVATION**  
**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**  
**APPLICATION**  
**2020**

# The following documents are needed to complete the QVIR LIHEAP Application

## LIHEAP Application Checklist:

- Income for household verification – Last 30 days
- 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 – 1<sup>st</sup> half of Wood Voucher completed
- Complete all Highlighted Areas of Application

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

**QUARTZ VALLEY INDIAN RESERVATION- LIHEAP  
2020 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](mailto:frieda.bennett@qvir-nsn.gov) This is the responsibility of the applicant unless arrangements have been made.**

**QUARTZ VALLEY INDIAN RESERVATION- LIHEAP  
2020 Household composition**

**EVALUATION OF HOUSEHOLD MUST BE COMPLETED TO DETERMINE 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 #: xxx-xx-\_\_\_\_\_

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:

<b>All Portions are Required</b>						
<b>Name</b>	<b>Relationship</b>	<b>Social Security # Last 4-digits</b>	<b>Tribal #</b>	<b>D.O.B. &amp; Age</b>	<b>Disabled</b>	<b>Income Amount &amp; Source</b>
	<b>Self</b>				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 OVER 18 YEARS OF AGE LISTED IN HOUSEHOLD COMPOSITION. ALL INCOME LISTED MUST BE VERIFIED BY DOCUMENTATION.

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  
2020 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 # \_\_\_\_\_

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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  
2020 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.

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Applicant's Signature

Date

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Intake Worker's Signature

Date