



**QUARTZ VALLEY INDIAN RESERVATION**  
**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**  
APPLICATION  
2023

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

## LIHEAP Application Checklist:

- Income for household verification – Past 30 days
- Energy or Power Statement – Must show account information and Residency within Siskiyou County
- Signature on Fair Hearing Process
- Tribal Enrollment verification for each listed QVIR Tribal Members
- Social Security Cards and Numbers for all Household Members
- Applications claiming Emergency Status must show proof
- Wood Assistance request
- Complete all areas of application

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

# QUARTZ VALLEY INDIAN RESERVATION

## LIHEAP

### 2023 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: \_\_\_\_\_ MESSAGE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ TRIBAL ENROLLMENT #: \_\_\_\_\_

#### 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.  
 Check here if some utilities are included in your rent: List utilities \_\_\_\_\_

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: \$ \_\_\_\_\_

# REQUESTED UTILITY SUPPORT

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

ADDRESS LISTED ON 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 – Please fax to QVIR (530)468-5908 or email [frieda.bennett@qvir-nsn.gov](mailto:frieda.bennett@qvir-nsn.gov) or [tara.quinn@qvir-nsn.gov](mailto:tara.quinn@qvir-nsn.gov)**

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## MLIHA Occupants Only

I, \_\_\_\_\_, give permission to the Quartz Valley Indian Reservation's Low Income Home Energy Assistance Program Staff to contact, Modoc Lassen Indian Housing Authority regarding my Propane Balance; I understand a printout of my balance will be requested to support my application for LIHEAP services via email.

My Signature represents Approval: \_\_\_\_\_

My Signature Denies Permission: \_\_\_\_\_

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

**QUARTZ VALLEY INDIAN RESERVATION- LIHEAP  
2023 Household composition**

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 #: XXX-XX-\_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

List All MEMBERS OF HOUSEHOLD AND CORRESPONDING INFORMATION

<b>All Portions are <span style="color: red;">Required</span></b>						
Name	Relationship	Social Security #	Tribal #	D.O.B.	Disabled Yes/No	Income Amount & Source
	<b>Self</b>					

(Use a blank sheet if you have more family composition members to be listed.) **Total Household Members:**

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

- 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	\$ _____ (LAST 30 DAYS)
PENSION	YES	NO	\$ _____
TRIBAL GENERAL ASST.	YES	NO	\$ _____ (DIVIDE BY THREE 3)
CHILD SUPPORT	YES	NO	\$ _____
ALIMONY	YES	NO	\$ _____
OTHER	YES	NO	\$ _____
TOTAL	YES	NO	\$ _____ (GROSS MONTHLY INCOME)

NOTE: ALL ADULTS claiming zero income from any source must complete the CERTIFICATION OF ZERO INCOME (following page)

Office use only:

Categorical Approval: LIHWAP

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

(Comments regarding income)

**QUARTZ VALLEY INDIAN RESERVATION**

**LIHEAP/LIHWAP**

**CERTIFICATION OF ZERO INCOME**

To be completed by ALL ADULT Household members who are claiming zero income from any source.

I hereby certify that I do not individually receive income from any of the following sources:

- A. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- B. Income from operation of a business;
- C. Rental income from real or personal property;
- D. Interest or dividends from assets;
- E. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- F. Unemployment or disability payments;
- G. Public assistance payments;
- H. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- I. Sales from self-employed resources (Avon, Mary Kay, selling jewelry, child care, etc.);
- J. Any other source not named above.

Choose one:

Currently, I have no Income of any kind and, while I am seeking employment, there is no definite job offer at this time.

Currently, I have no income of any kind and will not be seeking employment at this time.

Under penalty of perjury, I certify and attest, that the information presented in this certification is true and accurate to the best of my knowledge. I further acknowledge that the information provided is subject to falsification of this information shall be grounds for my termination from any program, in which I participate, and that I may be subject to prosecution under law.

\_\_\_\_\_  
Signature of Household Member over 18                      Printed Name                      Date

\_\_\_\_\_  
Signature of Household Member over 18                      Printed Name                      Date

\_\_\_\_\_  
Signature of Household Member over 18                      Printed Name                      Date

**QUARTZ VALLEY INDIAN RESERVATION- LIHEAP  
2022 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. Generally, a cord of wood is 4 ft x 4 ft x 8 ft and tightly stacked. \_\_\_\_\_ (initial)
3. When you receive the wood and have signed, this voucher must be returned to QVIR LIHEAP program 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

OFFICE USE ONLY	
Name of Applicant:	
Amount of Award:	
Date of Award Letter:	
Voucher Number Issued:	

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**Wood Voucher Process**

- Wood Voucher and a W-9 form (for Vendor) will be sent directly to the listed, “Mailing Address,” on your application, accompanying the award letter.
- Do not fill-out the Wood Voucher until day of delivery.
- The Wood Voucher will be honored for two months from “Sent” date.
- Resubmit the Wood Voucher and completed W-9 for payment to be issued to Vendor; this may take up to 2-weeks. Incompletion of the Wood Voucher and W-9 will result in a delay in payment.



**QUARTZ VALLEY INDIAN RESERVATION-  
LIHEAP 2023 FAIR HEARING FORM**

**APPLICATION**

Eligibility will be based on: Residency/ Income/Household Composition

**FAIR HEARING**

This offers a fair administrative hearing to all applicants to the program. The 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 of approval/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 the Applicant, 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 witnesses.
3. The right to have an interpreter.
4. 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 all information is true and correct to the best of my knowledge. I am aware, 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