

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

| LIHEAF | P 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

#### **2024 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 N                       | UMBER:         |                  |
| SOCIAL SECURITY NUMBER:  |               | _ TRIBAL ENI                    | ROLLMENT #     | :                |
| HEATING AND ELECTRICITY INFO   | ORMATION      | THE REAL PROPERTY.              |                |                  |
| What is your primary heating source?   | 1-4           |                                 |                |                  |
| ☐ Kerosene/Oil ☐ Elec  | tricity       | Other                           | (specify):     |                  |
| Propane Woo  | od            |                                 |                |                  |
| Do you have a secondary heating source   | e? YES [      | NO                              |                |                  |
| If yes, what kind of fuel do you use?  | 4/3,          | 1                               |                |                  |
| How is your household electricity paid?  |               |                                 |                |                  |
| Direct Payment Housing Au  | ıthority 🔲    | Included in                     | Rent           |                  |
| If your Electricity is your primary heat   | ing source pl | ease provide a cop              | y of your most | recent bill; and |
| write the date and time the electric bill  | was received  |                                 |                |                  |
| Туре   | of Dwelling a | <mark>nd A</mark> pplicant Stat | us             |                  |
| Check here if utilities are included Check here if the utilities are not in Check here is some utilities are inc | ncluded in yo |                                 | red.           |                  |
| 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 <a href="mailto:frieda.bennett@qvir-nsn.gov">frieda.bennett@qvir-nsn.gov</a>  |
| 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 2024 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 All Portions are Required Relationship Tribal Disabled Name Social Security # D.O.B. **Income Amount & Source** Yes/No Self **Total Household Members:** (Use a blank sheet if you have more family composition members to be listed.) DEMOGRAPHICS- Enter the number of persons in your household who are: 5 years or under Office use only: Ages 6 to 18 years Ages 19-54 years Elderly (55 years or Older) Disabled (proof must be provided) **QVIR Tribal Member** (Comments regarding Demographics)

### **Household Income**

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

| TANF/GENERAL ASST.   | YES | NO | \$<br>_                      |
|----------------------|-----|----|------------------------------|
| SSI                  | YES | NO | \$<br>_                      |
| SSA                  | YES | NO | \$<br>_                      |
| VA                   | YES | NO | \$<br>-                      |
| PAYCHECK(S)          | YES | NO | \$<br>(LAST 30 DAYS)         |
| PENSION              | YES | NO | \$<br>-                      |
| TRIBAL GENERAL ASST. | YES | NO | \$<br>(DIVIDE BY THREE 3)    |
| CHILD SUPPORT        | YES | NO | \$<br>-                      |
| ALIMONY              | YES | NO | \$<br>_                      |
| OTHER                | YES | NO | \$<br>-                      |
| TOTAL                | YES | NO | \$<br>(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.

|                                       |              | 13   |
|---------------------------------------|--------------|------|
| 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 2024 FIREWOOD USAGE FORM

|   |                            | N/A  |                              |
|---|----------------------------|--|------------------------------|
| My household uses approxim              | nately cords of            | of Firewood during the winte                       | r months to heat our home.   |
| We spend \$                             | per cord. A cord of F      | irewood lasts approximately                        | month(s).                    |
| Residence Address:                      |                            |  |                              |
| Residence Address:                      |                            | Sickiyou Count                                     | y California                 |
| Number and Street                       | , City                     | , Siskiyou Count                                   | Zip Code                     |
|   | ·                          |  |                              |
| 1. Do not sign for wood                 | l voucher until wood has   | been delivered in the quant                        | ity and quality you ordered. |
|   |                            | nsible for wood delivery if y                      | ou sign before the wood is   |
| received.                               | _ (initial)                |  |                              |
|   |                            | and tightly stacked.                               |                              |
|   |                            |  | ed to QVIR LIHEAP program    |
| to be approved for pa                   | nyment (init               | ial)   | 10                           |
| 4. Failure to sign this re              | ceipt will result in a del | ay in payment(in                                   | ntial)                       |
| I,                                      |                            | , certify that I understand                        | the instructions above       |
| 1,                                      | 11/1/19                    | , certify that I understand                        | the instructions doove.      |
|   |                            |  |                              |
| Applicants Signature                    |                            | Date   | - alo                        |
|   |                            |  | -/3h                         |
|   | OFFIC                      | E USE ONLY   |                              |
| Name of Applicant:                      |                            |  |                              |
| Amount of Award:                        |                            |  |                              |
| Date of Award Letter:                   |                            |  |                              |
| Voucher Number Issued:                  |                            |  |                              |
| voucher rumber issued.                  |                            |  |                              |
|   |                            | 120000000000000000000000000000000000000            |                              |
| ala |                            |  | *******                      |
|   |                            | ^ ^ ^ ^ <del>^ ^ ^ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</del> |                              |

#### **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 2024 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.

| Applicant's Signature     | Date |  |  |
|---------------------------|------|--|--|
|                           |      |  |  |
| Intake Worker's Signature | Date |  |  |