

PUEBLO OF LAGUNA UTILITY AUTHORITY
LIHEAP HEATING APPLICATION REQUIREMENTS

Items identified below are required documents to be included when submitted by each applicant

Proof of Residency

- Current electric bill

Proof of Veteran Status

- DD 214 Form

Proof of Disability

- Doctor statement
- Social Security Disability Benefits

Proof of Income for all household members over the age of 18

- Pay stubs for the last 30 days
- Recent Public Assistance benefits (Cash assistance, GA, TANF, SNAP)
- Recent Social Security Benefit award letter
- Self Employment statement of income for the last 30 days
- No income will require a statement from the applicant and individual(s) providing support
 - Statement needs to include type of support provided to applicant
 - An estimate of monthly amount provided by other family/individual(s)
 - Signature and contact phone number providing support
- Students over the age of 18 will need to provide a copy of their class schedule

Applicant's Responsibility

- Remember to sign your name on page 3 of the LIHEAP application
- Avoid getting disconnected from your energy supplier
- Applicant is **responsible** to provide all current supporting documentation
- Completed applications can be mailed or placed in the payment box outside the office
- Original supporting documents will be returned by mail.

Contact Information

Physical Address

6 Arrowhead Road
Laguna, NM 87026

Mailing Address

PO Box 208
Laguna, NM 87026

Website

www.lagunaua.org

Phone

(505) 552-9631

Fax

(505) 552-9958

Email

poluacustomerservice@lagunaua.org





Pueblo of Laguna Utility Authority
2025 - 2026 LIHEAP Application - Heating
Low Income Home Energy Assistance Program

THIS APPLICATION MAY ONLY BE USED FOR THE LIHEAP PROGRAM

For Office Use	
Date Rec'd:	_____
Rec'd By:	_____
UA Acct #:	_____

Answer all the questions on the form. You must sign and date the last page of this application or it will not be valid and processed.

1. Address

Provide your current physical and mailing address

Physical Address	City	Email Address	Telephone Contact #	
Mailing Address	City	State	Zip Code	Message Phone #

2. Applicant and Household Members

A. List names and information for yourself and all the people who live with you.

	Name (First and Last)	Relationship	Social Security #	Gender M = Male F = Female	Date of Birth	Age	Disabled? Include proof of disability		Veteran? Include DD-214	
							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1		(Self)					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Income

A. Do you receive SNAP, TANF, SSI or Means Tested Veterans Program Benefits? ☐ Yes ☐ No

B. Checkmark all sources of income (and benefits/help, if any) for all household members and attach proof of the income for the last 30 days

<input type="checkbox"/> Employment	<input type="checkbox"/> Social Security Admin Benefits (SSA)
<input type="checkbox"/> Self Employment	<input type="checkbox"/> Supplemental Security Income (SSI)

C. Tell us about the income for each person who lives in your home:

Person with Income	Income from?	\$ Amount (After Taxes)	How Often? Weekly, Biweekly, Monthly, Semi-Monthly, Seasonal
		\$	
		\$	
		\$	
		\$	
		\$	

4. Main Home Heating

A. Which type best describes your home?

- ☐ HUD Home Own/ Rent? ☐ Modular Home Own/Rent?
☐ Mobile Home Own/ Rent? ☐ Traditional Home Own/Rent?

B. What is your main heating source? (This is the energy used to run the main heating source for the home.) Choose one:

- ☐ Natural Gas ☐ Propane/Butane ☐ Wood
☐ Electric ☐ Other _____

C. Please choose one heating bill that you want help with and attach proof of the expense.

- ☐ Natural Gas ☐ Propane/Butane ☐ Wood
☐ Electric ☐ Other _____

D. Do you have an energy emergency? ☐ Yes ☐ No

If Yes, check any of the items listed below that apply to you today.

- ☐ Heating system does not work
☐ Disconnected - my fuel supplier has ALREADY turned off my service(s)
☐ Disconnect Notice - my fuel supplier has NOT turned off my service(s), but said they will if I can not pay for the service(s)

E. Is the energy emergency life-threatening? ☐ Yes ☐ No

F. What is the name of the energy company, fuel provider, or landlord that you pay? _____

G. If this energy bill is not in your name, what is the customer's name on the account? _____

H. What is the Account Number: _____

I. How much was your highest bill in the last 12 months: _____

5. Your Signature

You must sign this form to make this application valid. Your application will not be processed unless signed.

- I have given the Pueblo of Laguna Utility Authority true, correct and complete information.
- I understand that making false statements or hiding information could mean state and federal penalties and denial of assistance.
- I will let the Pueblo of Laguna Utility Authority give limited information to approved agencies which provide other energy/weatherization help for which I may be eligible.
- I understand that if I receive benefits I am not eligible for, that I may have pay to Pueblo of Laguna Utility Authority back for those benefits.
- I know that the Pueblo of Laguna Utility Authority will check the information that I give. The Pueblo of Laguna Utility may use computers to check the information on this form.
- I understand that by providing the account numbers for my household energy supplier(s), I am authorizing the energy provider(s) to provide details about the account and energy use to Pueblo of Laguna Utility Authority for the purpose of eligibility and determination of this and future application, benefit determination, and program evaluation and analysis.
- I understand the information collected on this form may be disclosed to energy programs operating under the Pueblo of Laguna Utility Authority. The Pueblo of Laguna Utility Authority may share and use information collect for purposes of reuse, evaluation and analysis.

I agree under penalty of perjury that the statements I made about person(s) in my home, income, and all other information I have given the Pueblo of Laguna Utility Authority are true and correct.

Signature: _____

Today's Date: _____