

FORT BELKNAP LOW INCOME ENERGY ASSISTANCE PROGRAM

OCTOBER 1, 2023 - APRIL 30, 2024

FY 2024

NAME: _____

DATE: _____

SERVICE SITE: _____

VENDOR: _____

LIEAP Consumer: Please read the following carefully.

- 1 Application must be in the name of the Head of Household.
- 2 Head of the Household must be an enrolled member of the Fort Belknap Tribes.
- 3 Copies of Social Security Cards for all Household Members.
- 4 Attach copies of Degree of Indian Blood for all Household Members.
- 5 Attach copies of Birth Certificates for all Household Members.
- 6 Attach copies of vendor bills and must be in the name of the Head of Household.
- 7 Attach copy of Rent Verification for all rentals from Fort Belknap Housing Authority. This list all approved household members.
- 8 **Attach copies of LEGAL Custody Agreements if you are claiming children other than your own on your application. Grandparents must have copies of LEGAL Custody Agreements, hand written notes will not be accepted.**
- 9 Documentation of Actual Rent Paid: Please provide signed receipts from Landlord if you rent from private landlords.
- 10 Income Verification: Please provide documentation for the income source listed on your application: **FOR ALL HOUSEHOLD MEMBERS 18 & ABOVE.**
- 11 **SNAP: ATTACH COPY OF YOUR SNAP BENEFITS STATEMENT.**

**ALL INFORMATION MUST MATCH WITH WHAT YOU PUT ON YOUR APPLICATION.
DO NOT LEAVE JUST YOUR APPLICATION WITHOUT DOCUMENTS, IT WILL BE NOT BE
PROCESSED. IT IS YOUR RESPONSIBILTY TO HAVE ALL YOUR DOCUMENTS ATTACHED.**

Consumer: Please attach income verifications from the appropriate source.

SOURCE OF INCOME: 12 MONTHS PREVIOUS INCOME.

- | | |
|--------------------------|--|
| <u>LATEST STATEMENT:</u> | <u>1 TANF:</u> <u>NEED FULL STATEMENT.</u> |
| <u>LATEST STATEMENT:</u> | <u>2 GA:</u> <u>NEED FULL STATEMENT.</u> |
| | <u>3 Social Security:</u> <u>Copy of latest check or benefits letter.</u> |
| | <u>4 SSI:</u> <u>Copy of latest check or benefits letter.</u> |
| | <u>5 Child Support:</u> <u>Verification from Child Enforcement.</u> |
| | <u>6 Pensions/Retirement:</u> <u>Copy of latest check or benefits statement.</u> |
| | <u>7 Farm/Ranch income:</u> <u>Attach bank statements or statement from your loan officer. Will check for your name on Operator's list</u> |
| | <u>8 College Student Income:</u> <u>Please provide copy of financial aid for documentation.</u> |
| <u>LATEST STATEMENT:</u> | <u>9 VA Benefits:</u> <u>Copy of latest check or benefits letter.</u> |
| | <u>10 Employed:</u> <u>Provide income verifications from appropriate payroll departments.</u> |

REPORTS MUST SHOW INCOME FOR EACH MONTH.

- | | |
|--|--|
| | <u>1 Tribal Payroll</u> |
| | <u>2 BIA Payroll</u> |
| | <u>3 Firefighters</u> |
| | <u>4 Fort Belknap Housing Payroll</u> |
| | <u>5 Indian Health Services Payroll</u> |
| | <u>6 Fort Belknap Construction Payroll</u> |
| | <u>7 Any Payroll Department where you receive wages.</u> |
| <u>INCLUDE NAMES & ADDRESSES....</u> | <u>8 Ranches, restaurants, convenience stores, etc.</u> |
| | <u>9 Island Mountain Payroll Department</u> |
| | <u>10 Other: Harlem Schools, Hays Schools.</u> |
| | <u>11 SELF-EMPLOYED:</u> <u>Attach notarized document showing monthly income.</u> |
| <u>ATTACH YOUR WAGES....</u> | <u>12 Unemployment Benefits:</u> <u>Statement of benefits for 12 months previous to date listed on your application.</u> |
| | <u>13 ZERO income is not acceptable from any household member. Fill out the Declaration of No Income statement and have it notarized.</u> |

Payments to vendors will be made when funds are made available to this office. DO NOT ASK THE LIEAP OFFICE TO NOTIFY YOUR VENDOR BEFORE YOUR COMPLETED APPLICATION IS PROCESSED.

NOTE: **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
IT IS YOUR RESPONSIBILITY TO COMPLETE, NOT LIEAP'S.
You will have 45 days to complete your application and you will not receive benefits during this time.

Contact Information:

LIEAP Office: 406-353-8499
Agency Senior Center: 406-353-8417
FAX: 406-353-4361
email: peggyhealy4@gmail.com

Mailing Address: Peggy M. Healy, Director
Fort Belknap LIEAP
656 Agency Main Street
Harlem, MT 59526

NOTE:

INFORMATION REGARDING YOUR LIEAP APPLICATION WILL ONLY BE RELEASED TO THE HEAD OF THE HOUSEHOLD - NO ONE ELSE. YOUR LIEAP APPLICATION IS CONSIDERED TO BE CONFIDENTIAL INFORMATION. PLEASE DO NOT HAVE YOUR PARENT, SIBLING OR GRANDPARENT CALL THIS OFFICE TO OBTAIN INFORMATION, IT WILL NOT BE GIVEN TO THEM.

PRIORITY: Completed Applications:

- 1 Tribal Elder
- 2 Disabled
- 3 Large Families with Small Children
- 4 Households with High Energy Burdens: Payment history will be reviewed.
- 5 Employed

REMINDER: You are responsible for your household heating & electrical bills - not LIEAP. Your request for assistance will be processed in a timely manner and your approved benefits will be sent to your designated vendor listed on your application after it has been processed.

LIEAP does not pay your bill monthly, that is your responsibility - LIEAP is a supplement to assist you.

NO EXCEPTIONS THIS YEAR. YOU HAVE TO BE A REGULAR LIEAP CONSUMER TO RECEIVE CRISIS ASSISTANCE.

REMINDER: ONLY LEAVE COMPLETE APPLICATIONS. INCOMPLETE APPLICATIONS WON'T BE PROCESSED.

EMAIL: _____

Fort Belknap Low Income Energy Application

OCTOBER 1, 2023 - APRIL 30, 2024

FY 2024

I. HOUSEHOLD COMPOSITION:

A. Applicant Name: Must be Head of Household.

(LAST NAME) (FIRST) (MI)

MALE: _____ FEMALE: _____ MUST BE AN ENROLLED MEMBER.

Telephone Numbers: (Working and Current Numbers) REQUIRED:

Work: _____ Home: _____ Message: _____

Physical Address: DO NOT LEAVE BLANK.

Mailing Address: DO NOT LEAVE BLANK.

County: _____

B. LIST EVERY HOUSEHOLD MEMBER: BEGINNING WITH HEAD OF HOUSEHOLD.

AGE:	NAMES:	D.O.B.	SSN:

PLEASE WRITE OR PRINT YOUR INFORMATION SO IT CAN BE READ EASILY.

C. APPLICANT: HANDICAPPED/DISABLED: _____ YES _____ NO

Please provide documentation for disability.

II. HOUSEHOLD INCOME: PLEASE ATTACH INCOME VERIFICATIONS FOR ALL HOUSEHOLD MEMBERS - 18 YEARS OF AGE AND ABOVE.

PLEASE FILL IN MONTHLY INCOME: **DO NOT LEAVE BLANK.**

MONTHLY:

- 1 WAGES: _____ Name of Employed: _____
- 2 TANF: _____ Name of Recipient: _____
- 3 GA: _____ Name of Recipient: _____
- 4 Social Security: _____ Name of Recipient: _____
- 5 SSI: _____ Name of Recipient: _____
- 6 Child Support: _____ Name of Recipient: _____
- 7 Child Only: _____ Name of Recipient: _____
- 8 VA Benefits: _____ Name of Recipient: _____
- 9 Pensions: _____ Name of Recipient: _____
- 10 Unemployment: _____ **ATTACH WAGES.**
- 11 **Farm & Ranch Income: Attach verifications. (Will check w/Tribal Land for Operators).**
- 12 Foster Care Payments: _____ Names: _____

TANF/GA CASE WORKER (NAME): _____

ATTACH INCOME FOR ALL HOUSEHOLD RESIDENTS OVER THE AGE OF 18.

SUBMIT APPLICATIONS IN MONTHS OF:

ATTACH
Income for>:

	<u>Sept. 2023</u>	<u>Oct. 2023</u>	<u>Nov. 2023</u>	<u>Dec. 2023</u>	<u>Jan. 2024</u>	<u>Feb. 2024</u>	<u>Mar. 2024</u>	<u>Apr. 2024.</u>
<u>1</u>	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	Mar. 2024
<u>2</u>	Jul. 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024
<u>3</u>	Jun. 2023	Jul. 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024
<u>4</u>	May. 2023	Jun. 2023	Jul. 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023
<u>5</u>	Apr. 2023	May. 2023	Jun. 2023	Jul. 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023
<u>6</u>	May. 2023	Apr. 2023	May. 2023	Jun. 2023	Jul. 2023	Aug. 2023	Sept. 2023	Oct. 2023
<u>7</u>	Feb. 2023	Mar. 2023	Apr. 2023	May. 2023	Jun. 2023	Jul. 2023	Aug. 2023	Sept. 2023
<u>8</u>	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May. 2023	Jun. 2023	Jul. 2023	Aug. 2023
<u>9</u>	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May. 2023	June. 2023	Jul. 2023
<u>10</u>	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May. 2023	Jun. 2023
<u>11</u>	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May. 2023
<u>12</u>	Sept.. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023

Do you receive Food Stamps: Yes _____ No _____

Do you receive Commodities: Yes _____ No _____

PLEASE ATTACH YOUR FOOD STAMP (SNAP) SUMMARY.

III. LIVING ARRANGEMENTS:

Check items that best describe your living arrangements:

You live in a:

1 House: _____

2 Trailer: _____

3 Duplex: _____

4 Triplex: _____

5 Apartment: _____

6 Non-traditional: _____ RV, Camper/Trailer.

#of Bedrooms: _____ Request Application.

Do you own your home: Yes _____ No _____

Do you rent your home: Yes _____ No _____

Do you rent from: Fort Belknap Housing: _____ Private Landlord: _____

Please attach your Fort Belknap Housing Authority Verification for rental amount paid and approved list of occupants for the home.

If private landlord, please see Private Landlord rental verification form.

Rental Income is added to Landlord application, should that person apply.

IV: FUEL TYPE, ACCOUNT NUMBERS AND SUPPLIER:

1 PROPANE: 100% SUPPLIER: _____

(Everyone has one now). EZZIE'S ACCT #: _____

2 ELECTRICITY: 100% SUPPLIER: _____

ACCT #: _____

3 WOOD: 100% VENDOR: _____

Name of wood vendor.

PLEASE ATTACH YOUR VENDOR BILL.

CLIENT'S RIGHTS:

- 1 I understand that I have the right to a fair hearing of any action taken by the LIEAP office for which I consider an unreasonable delay in the processing of my completed application or a negative decision on my application. Completed applications will be processed within 45 days of submitting to the LIEAP office. Requests for fair hearings may be requested in writing to the LIEAP office within 30 days and hearing will be held within 10 days with appropriate staff. Consumers will be notified by letter of results and results of hearing will be deemed final and permanent.
- 2 I have the right to confidentiality on any information disclosed in my application.
- 3 I have been informed that any person who Knowingly, Willingly and Fraudently provides False Information for the purpose of obtaining benefits which he/she is not eligible to receive, may be subject to prosecution to the fullest extent of the appropriate State or Federal Law and subject to the appropriate fine or term of imprisonment or both.

CLIENT'S RESPONSIBILITIES:

- 1 Completely fill out application and signing the application in all designated areas.
Includes all household members over the age of 18.
- 2 Providing all required documentation to ensure eligibility for services: Copies of Social Security Cards, Tribal IDs, Birth Certificates, vendor bills, income verification for all household residents over 18 and housing verifications.
- 3 Signing Release of Information and have all household members over the age of 18 sign the release to aid in the determining of LIEAP benefits.

<u>1</u>			Date: _____
	Applicant Signature		
<u>2</u>			Date: _____
	Spouse:		
<u>3</u>			Date: _____
	Household Member over 18		
<u>4</u>			Date: _____
	Household Member over 18		

LANDLORD VERIFICATION FORM - PRIVATE RENTERS

(DO NOT USE IF YOU ARE RENTING FROM FORT BELKNAP HOUSING AUTHORITY)

TO: FORT BELKNAP LOW INCOME ENERGY ASSISTANCE PROGRAM

RE: PRIVATE LANDLORD RENTAL AGREEMENT/LEASE: PLEASE ATTACH COPY

My tenant, _____, rents my property, located at

(Physical Location)

The tenant pays rent in the amount of: \$ _____ per month.

MUST BE A TRUE STATEMENT OF RENT PAID.

PLEASE ATTACH COPIES OF ACTUAL RENT RECEIPT PAID.

Is the tenant responsible for the heating costs for this property: YES ____ NO ____

As the Landlord, what are you responsible for regarding this property?

Please attach Signed Lease Agreement.

LANDLORD: PLEASE VERIFY THE FOLLOWING:

HOUSEHOLD SIZE: _____

NAMES OF OCCUPANTS:

- | | | | |
|----------|-------|-----------|-------|
| <u>1</u> | _____ | <u>6</u> | _____ |
| <u>2</u> | _____ | <u>7</u> | _____ |
| <u>3</u> | _____ | <u>8</u> | _____ |
| <u>4</u> | _____ | <u>9</u> | _____ |
| <u>5</u> | _____ | <u>10</u> | _____ |

LANDLORD NAME & ADDRESS:

TELEPHONE #: _____

LANDLORD SIGNATURE

TENANT SIGNATURE

Should this tenant be evicted , please notify the LIHEAP office @ 406-353-8499.

cc: LIHEAP Consumer File

FORT BELKNAP LOW INCOME ENERGY ASSISTANCE PROGRAM

Declaration of No Income

I, _____, do hereby declare that I have not received any type of income for the following months:

<u>1</u>	_____	<u>7</u>	_____
<u>2</u>	_____	<u>8</u>	_____
<u>3</u>	_____	<u>9</u>	_____
<u>4</u>	_____	<u>10</u>	_____
<u>5</u>	_____	<u>11</u>	_____
<u>6</u>	_____	<u>12</u>	_____

The reason(s) that I have not had any income for the months listed above are:

I have been meeting my basic living needs for food, shelter and utilities in the following ways:

Food: _____
Housing: _____
Utilities: _____

I certify that the information above is complete and accurate to the best of my knowledge.

I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible. (FRAUD)

Signature of Household Member Claiming No Income.

Date: _____

Notarized By:

THANK YOU.

FORT BELKNAP LOW INCOME ENERGY ASSISTANCE PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

LIEAP Consumer: I, _____, do consent to have any information related to my LIEAP application for assistance released for the purpose of becoming eligible for financial assistance for my household heating costs and/or weatherization costs.

This release includes all occupants residing in my home.

- 1 Name of Financial Institution: _____
Telephone #: _____ FAX #: _____
- 2 Name of Payroll Department: _____
Telephone #: _____ FAX #: _____
- 3 Social Security Office: _____
- 4 Any Other: (Name) _____
Telephone #: _____ FAX #: _____

All information received is to be held confidential and is only for the sole purpose of determining my eligibility for LIEAP assistance.

- 1 Head of Household: _____
- 2 Spouse: _____
- 3 Household Member over 18: _____
- 4 Household Member over 18: _____
- 5 Household Member over 18: _____

CC: Consumer File

THANK YOU FOR YOUR COOPERATION AND PARTICIPATION.

CONSUMER:

PLEASE PROVIDE A STATEMENT AS TO HOW THE FORT BELKNAP LOW INCOME ENERGY ASSISTANCE PROGRAM HAS IMPACTED YOUR HOUSEHOLD.

THANK YOU FOR YOUR INPUT.