



Nez Perce Tribe Department of Social Services

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LOW INCOME ENERGY ASSISTANCE APPLICATION FY 25

Electricity/Propane(LIHEAP)

**Complete application and attach documentation (EACH YEAR):**

\*Tribal Enrollment

\* Verification of Income (for all household members, everyone who lives in the home)

\*Utility Bill/ Shut off notice (Must be in eligible applicant's name)

Federal Poverty guidelines at 150% shall be applied. ALL verifications are required with each application. **INCOMPLETE APPLICATIONS WILL BE DENIED.** You may reapply and provide all required verifications. Recipients must be enrolled in a federally recognized tribe and live on the Nez Perce Reservation.

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

Do you live on the Nez Perce Reservation? \_\_\_\_\_

<b>Name:</b>	<b>DOB:</b>
<b>Tribe:</b>	<b>Enrollment #:</b>
<b>Physical Address:</b>	<b>Social Security#:</b>
<b>Mailing Address:</b>	<b>Phone:</b>
<b>E-Mail:</b>	

Household Members List everyone who lives in the home	Age	Tribe	Enrollment Number	Income Source	Total Monthly Income
<b>SELF</b>		Listed Above	Listed Above		

Is anyone in your household: over the age of 65 \_\_\_\_\_ under the age of 2 \_\_\_\_\_ Are you a Veteran? \_\_\_\_\_

**CERTIFICATION:** I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of felony by knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I, therefore, certify the foregoing information is true and complete to the best of my knowledge. I authorize inquires to be made to verify this Statement is true.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Annual Income Eligibility Guideline FY 25**

Household Family Size	\$ Annual
1	22,590
2	30,660
3	38,730
4	46,800
5	54,870
6	62,015
7	71,010
8	79,080

For households with more than 8 persons add \$8,870 for each additional person.

**Fair Hearing Process:**

All applicants who are denied based on the established criteria shall receive notification of denial of their application and reason for denial within 20 days after the date of receipt of their application. If denied, the applicant may appeal in writing within 5 days to the Social Services Manager to review the decision. The social services manager will uphold or reverse denial within 5 days.

If the applicant is not satisfied with the decision, the applicant may submit in writing their appeal to the social services manager to present at the next Human Resource Subcommittee. Any denial based on closure of line item/lack of funds may not be appealed.

**Office Use Only**

I have personally reviewed the income verification and statement as indicated above and a copy is attached as noted.

Zero Income Statement \_\_\_\_\_ Wage Stub \_\_\_\_\_ TANF \_\_\_\_\_ GA \_\_\_\_\_

SSI/SSD \_\_\_\_\_ SS \_\_\_\_\_ OTHER \_\_\_\_\_

CRISIS: \_\_\_\_\_

Caseworker Remarks: \_\_\_\_\_

Yearly Income\$ \_\_\_\_\_ :Consumption avg \_\_\_\_\_ = \_\_\_\_\_ Auth% \_\_\_\_\_

LIHEAP: Grant Amt.\$ \_\_\_\_\_ Crisis:\$ \_\_\_\_\_ LIHWAP: Grant Amt.\$ \_\_\_\_\_ Crisis:\$ \_\_\_\_\_

Target group:  
 (Elderly \_\_\_\_\_, Child under 2 years \_\_\_\_\_) Susceptible to Hypothermia \_\_\_\_\_

APPROVE \_\_\_\_\_ DISAPPROVE \_\_\_\_\_ REASON \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

VENDOR \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

VENDOR \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_