

POKAGON BAND OF POTAWATOMI INDIANS

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) Cooling

Application must be complete. Include ALL Household residents, Tribal ID's, Social Security cards. Provide ALL Household income (check stubs, current years tax return, SSI/RSDI/Pension, Proof of child support. ect), and current utility bill(s). The application process will NOT begin without all verifications.

1. _____

Applicants Name	Date of Birth	Age	Social Security #
Street Address	City/State	Zip Code	
County	Telephone #	Email Address	

Are you a Pokagon Band Citizen? Yes No Tribal ID # _____ Is address current with enrollment? _____
If no, must update with enrollment

	<u>List all other household residents</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Tribal ID #</u>	<u>Social Security #</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

*** Are any household residents receiving:**

Child Support? Yes No	Do you have a child support order? Yes No
Per Capita? Yes No	Per Capita from another Tribe? Yes No
Elder Stipend? Yes No	Cultural Activity Pay? Yes No
Supplemental Assistance? Yes No	Notes: _____
SSI/RSDI/Pension? Yes No	_____
Assistance from the State you live in? Yes No	Check all that apply: Utility Assistance Cash Assistance
	Food Stamps Medicare Medicaid

*** Are any household residents:**

Currently employed? Yes No

Employed in the past 12 months? Yes No

Received Adult Trust Fund payment in the past 12 months? Yes No

If application is approved, the vendor will be contacted with a pledge or payment.

If your bill is in someone else's name, what are the last four digits of their Social Security #? _____

Name on account/bill: _____

Vendor's Name: _____

Address: _____

State: _____ Zip Code: _____

Account Number: _____

<ol style="list-style-type: none"> 1. I hereby certify that all information in this application is true, correct, and complete to the best of my knowledge. 2. I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud and/or recovery of funds paid on my behalf. 3. <i>I understand that failure to provide all necessary information and documentation can result in denial of my application.</i> 4. I hereby authorize the release of information by the appropriate agencies of the Pokagon Band of Potawatomi or community agencies/individuals for the purposes of verifying information needed to establish eligibility for the program. 5. I understand that a decision will be made concerning my application within 10 working days of receiving application and all required documentation. 6. I understand that I am not able to access both Tribal and State LIHEAP. A cross-check will be completed on my application to determine my eligibility. Applications cannot be approved until cross checks are returned by state. 7. I understand that I have the right to appeal any decision made on this application at any time. <p>_____</p> <p>Applicant's Signature Date _____</p>

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Name	Income
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Income: _____

Income Limit: _____

Approved: _____ **Denied:** _____

Vendor: _____

Amount Approved: _____

Outreach Worker Signature: _____ **Date :** _____

Notes:
