

POKAGON BAND OF POTAWATOMI INDIANS

P.O. Box 180 • 58620 Sink Road • Dowagiac, MI 49047 • Phone: 269-782-4300 • Fax 269-782-4295
Email: social.services@pokagonband-nsn.gov



Supplemental Heating Program

2023-2024

Application must be complete. Include ALL household residents, Tribal ID's, provide all household income (check stubs, Trust payment, SSI/RSDI/Pension, proof of child support, etc.), and current utility bill from the main heating source. 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 with enrollment current? _____
If not 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.

What is the main heating source to heat the home? (Circle Utility)

Oil Natural Gas Electric Wood Pellets Propane % in tank: _____ Other: _____

(Note: If propane is your main heating source, you will need to provide a propane statement from the vendor)

Disconnect Notice? Yes No If yes, what is the disconnect date? _____

Name on bill/account: _____ Last four digits of Social Security # _____

Vendor's Name: _____ Account # _____

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 understand that failure to provide all necessary information and documentation can result in denial of my application.
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 may be required to complete a year end survey to assess completion and continued need of the program.
7. I understand that I have the right to appeal any decision made on this application at any time.

Applicant's Signature

Date

•—————•
FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE
•—————•

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

Total Income: _____

Income Limit: _____

Approved: _____ Denied: _____

Vendor: _____

LIHEAP Eligible: _____

Amount Approved: _____

Fuel Quantity: _____

Outreach Worker Signature: _____ Date : _____

Notes:

