

# POKAGON BAND OF POTAWATOMI INDIANS

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



## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

**Application must be complete.** Include ALL household residents, State and Tribal ID's, Social Security Cards provide all household income (check stubs, trust payments, current years tax return, SSI/RSDI/Pension, proof of child support, etc.), 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 # \_\_\_\_\_    Address needs to be current 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

Per Capita?    Yes        No

Elder Stipend?    Yes        No

Supplemental Assistance?    Yes        No

SSI/RSDI/Pension?    Yes        No

Assistance from the State you live in?    Yes        No

Do you have a child support order?    Yes        No

Per Capita from another Tribe?    Yes        No

Cultural Activity Pay?    Yes        No

Notes: \_\_\_\_\_

\_\_\_\_\_

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.

2023-2024

What type of fuel do you use to heat your home? Check all that apply

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

(Note: You will need to provide a bill/statement from the vendor)

Do you want to split the payment: Yes   No   (Be aware if you choose to split payment, the payments to your vendor will be lower)

Name on bill/account: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

Vendor's Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Other Vendor's Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_

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 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE**

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Name

Income

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Income: \_\_\_\_\_

Income Limit: \_\_\_\_\_

% of Availability: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Vendor 1: \_\_\_\_\_

Vendor 2: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Outreach Worker Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_