

2024-2025

POKAGON BAND OF POTAWATOMI INDIANS

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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

Table with 8 columns: List all other household residents, American Indian, Afro-American, Hispanic, Caucasian, Asian, Age, Male, Female or Other, Date of Birth, Tribal ID #, Social Security #

* 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, Small Business Income? Yes No, 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, Rent? Yes No Own? Yes No

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 #: _____

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: _____

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

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

Total Income: _____

Income Limit: _____

% of Availability: _____

Approved: _____ **Denied:** _____

Vendor 1: _____

Vendor 2: _____

Amount Approved: _____

Amount Approved: _____

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

Notes:

