



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

Table with 2 columns: Name, Income. Multiple rows for data entry.

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

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

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

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

LIHEAP Eligible:\_\_\_\_\_

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

Fuel Quantity:\_\_\_\_\_

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

Notes:

Blank lines for notes.