



**KEWEENAW BAY INDIAN COMMUNITY ASSISTANCE PROGRAM (CAP)  
 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
 PHONE: (906) 353-4162**

**THE DIRECT ASSISTANCE PROGRAM APPLICATION PROCESS:** This program is not an emergency program. Due to the hundreds of applications received, it takes 30-45 days for the application to be processed before a payment is mailed to the vendor. All applicants are required to keep paying their bill. Once the application has been approved, an approval letter will be sent and the payment will be credited on the utility account. Applicants will only receive their approvals in writing, please do not call the office to ask for verbal approvals.

**PURPOSE:** LIHEAP provides assistance to eligible low income households in meeting their home energy costs. Assistance depends on the availability of funds and is based on a 1<sup>st</sup> come 1<sup>st</sup> serve basis.

**VULNERABLE POPULATIONS:** Priority will be given to vulnerable populations: Elderly, Disabled, and households with children 6 years and under, are assisted first.

**ELIGIBILITY REQUIREMENTS:**

- The applicant/head of household must be a member of a Federally Recognized Tribe.
- Applicant/head of household must reside in the Keweenaw Bay Indian Community Service areas in Michigan: Baraga, Houghton, Dickinson, Gogebic, Iron, Keweenaw, Marquette, and Ontonagon Counties.
- Household must meet LIHEAP income guidelines:
 

SMI-FFY 2016 HHS PG: Household Size - Annual Gross Income Allowable					
1 - \$23,622	2 - \$30,890	3 - \$37,292	4 - \$45,427	5 - \$52,695	6 - \$59,964
- Household must have not received LIHEAP assistance through the Department of Health and Human Services or any other agency providing LIHEAP funding for fiscal year 2016.
- Utility service MUST be on. Service that has been disconnected will not be eligible for LIHEAP. Applicants applying due to no propane or no wood will be considered as service being disconnected.

**THE FOLLOWING DOCUMENTS ARE REQUIRED FOR TO HAVE A COMPLETED APPLICATION TO BE COMPLETE:**

- Completed LIHEAP application signed by all household adults.
- Copy of enrollment card (enrollment card must have updated information with current address to qualify).
- Proof of all gross income for all household members for the past 30 days (i.e. wage stub, food stamp verification, school funding, workman’s comp, unemployment, TANF [DHS Cash Assistance], GA, etc.).
- Zero income/Self-employment affidavits.
- Your current award letter or copy of a bank statement showing payment from previous month, if receiving Social Security, SSI, SSD, Retirement, Veterans Benefits.
- Most recent bill(s) from vendor(s) in head of household’s name.

**Please Note:** Your application will be processed within 30-45 days if it is complete. Your application will not be processed if you fail to provide any of the above documents.



**LOW INCOME HEATING ENERGY ASSISTANCE PROGRAM (LIEAP) APPLICATION FY2016**

16429 Beartown Road, Baraga, MI 49908, Phone: (906) 353-4162, Fax: (906) 353-4141

HEAD OF HOUSEHOLD	ADDRESS	COUNTY	PHONE	REQUEST DATE

**LIEAP HAS TWO PROGRAMS THAT ASSIST INCOME ELIGIBLE HOUSEHOLDS WITH HOME HEATING COSTS:**

**ACF-DHHS Low Income Heating Assistance Energy (LHEAP) - Heating** assistance for eligible households within the KBIC eight county service area, whose gross annual income falls within the 60% of the state median income guideline. Please check which program you are applying for:

- A.  Direct Assistance Program (DAP) – Heating assistance subsidy paid directly to vendors for qualified applicants.
- B.  Energy Crisis Intervention Program (ECIP) – Assistance for: 1. Energy or 2. Life-threatening situations.

**PLEASE COMPLETE THE FOLLOWING SECTIONS:**

**A. LIST VENDOR BELOW (Choose one source or choose two to have the assistance divided and sent to both vendors):**

<i>Primary Heating Vendor</i>	<i>Account Number</i>	<i>Secondary/Non-Heat Electric Vendor</i>	<i>Account Number</i>

*(Primary is the main fuel type for the residence primary heating system)*

*(Secondary is the source of energy used to operate the main heating source)*

- B.  I OWN/RENT MY RESIDENCE, I AM RESPONSIBLE FOR HEATING AND/OR ELECTRIC BILLS *(Attach most recent bill)*.
- C.  I RENT AND MY UTILITIES ARE INCLUDED. *(Attach verification heating expenses are included in rent)*.
- D. WOULD YOUR HOUSEHOLD LIKE TO BE REFERRED TO A WEATHERIZATION OR RENEWABLE ENERGY PROGRAMS?  
NO  or YES

**HOUSEHOLD INFORMATION:** Attach extra pages if you need to include additional members. List everyone who lives in your home, including adults and children temporarily absent due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home.

Last Name, First Name, Middle	Relationship To You	Social Security #	Date of Birth	Age	Tribal ID #
	Self				

**PLEASE SUBMIT ALL INFORMATION THAT APPLIES TO YOUR COMBINED HOUSEHOLD'S INCOME:**

**A. Does your household have members over the age of 18 who receive earned and/or unearned income?**

**No [ ]** *If no*, complete the zero income form attached for adult household members without income.

**Yes [ ]** *If yes*, What is your **total monthly household income \$ \_\_\_\_\_**? Indicate the income source below with the amount received in the past 30 days (attach proof of income):

- |  |                                    |
|--|------------------------------------|
| 1. \$ _____ Wages                        | 9. \$ _____ Unemployment           |
| 2. \$ _____ SS (Social Security)         | 10. \$ _____ Alimony/Child Support |
| 3. \$ _____ SSI/SSDA/SSA                 | 11. \$ _____ Workers Compensation  |
| 4. \$ _____ DHS Cash Benefits (TANF)     | 12. \$ _____ Military Allotment    |
| 5. \$ _____ General Assistance           | 13. \$ _____ Per Capita Payments   |
| 6. \$ _____ Veterans Admin. Benefits     | 14. \$ _____ Other: _____          |
| 7. \$ _____ Pensions/Retirement Benefits | 15. \$ _____ Other: _____          |
| 8. \$ _____ Investment/Property Income   | 16. \$ _____ Other: _____          |

**B. Does your household include adults who are self employed or who are business owners?**

**No [ ] Yes [ ]** *If yes*, please fill out the self employment affidavit attached. [**\$ \_\_\_\_\_**] Amount Earned

**C. Does your household receive any of the following:**

- Temporary Assistance for Needy Families? (TANF) **No [ ] Yes [ ]** *If yes*, include verification of services.
- Supplemental Security Income (SSI)? **No [ ] Yes [ ]** *If yes*, please include verification of services.
- Supplemental Nutrition Assistance Program (SNAP)? **No [ ] Yes [ ]** *If yes*, include verification of services.

**Under penalties of perjury, I swear or affirm that this application has been examined by or read to me. I authorize the release of information to any agency for the evaluation of the CAP LIHEAP Application. I certify that all of the information in this application is true, accurate, and complete to the best of my knowledge. I understand that giving false or incomplete information may result in a denial.**

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Adult Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Adult Signature*

\_\_\_\_\_  
*Date*

## Income Zero Income Affidavit

Applicant(s) Name: \_\_\_\_\_

**I hereby certify that any person in my household does not receive income from any of the following sources:**

- a. Wages from employment (including tips, commissions, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Social security payments, pensions, annuities, retirement funds, insurance policies, or death benefits;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support, per capita, or gifts received;
- h. Sales from self-employment;
- i. Any other source not named above.

**I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Include a copy of DHS award letter verifying active case status and services being received when completing this form.*

## Self-Employment Affidavit

**This affidavit is to be signed by any individual who is 18 years of age and over who claims on the application to be self-employed.**

I am self-employed in the business of: \_\_\_\_\_

I have been self-employed in this manner since: \_\_\_\_/\_\_\_\_/\_\_\_\_

To the best of my knowledge, I estimate to earn \_\_\_\_\_

**Estimated earnings are supported by:** Accountant's, bookkeeper's statement, business receipts/check stubs schedule C and profit and loss statement other: \_\_\_\_\_

If none of the above is available, please state the reason why: \_\_\_\_\_

**I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_