

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



**THE DIRECT ASSISTANCE PROGRAM APPLICATION (DAP) PROCESS:**

This program is not an emergency program. If your services are in shut off status you should apply for help through a heating emergency program. All applicants are required to keep paying their bill and are disqualified from the program if services are disconnected.

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. Once the application has been approved, an approval letter will be mailed to you and the payment will be credited on your utility company's 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 must be a member of a Federally Recognized Tribe.
  - Applicant 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 2022 HHS PG: Household Size - Annual Gross Income Allowable |           |           |           |           |           |
|---|-----------|-----------|-----------|-----------|-----------|
| 1   | 2         | 3         | 4         | 5         | 6         |
| -\$27,981   | -\$36,591 | -\$45,200 | -\$53,810 | -\$62,420 | -\$71,029 |
- Household must not have received LIHEAP assistance through the Department of Health and Human Services for fiscal year 2022 above the eligible amount.
  - Utility service MUST be turned 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 services that are disconnected.

**THE FOLLOWING DOCUMENTS ARE REQUIRED (INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED):**

- Completed LIHEAP application signed by all household adults.
- Copy of enrollment card for Head of Household/Tribal Member **(must have current address to qualify).**
- Proof of all household members income for the past 30 days (i.e. wage stub, food stamp verification, school funding, workman's comp, unemployment, DHS Cash Assistance, GA, etc.).
- Zero income affidavit/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 utility bill(s) from vendor(s) in head of household's name.

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***Please Note: Completed applications will be processed within 30-45 days.***

**LOW INCOME HEATING ENERGY ASSISTANCE PROGRAM (LIEAP) APPLICATION FY2022**

16429 Beartown Road, Baraga, MI, 49908, Phone: (906)353-4162, Fax: (906)353-4179

**REQUIRED: ATTACH A COPY OF YOUR TRIBAL ID AS PROOF OF RESIDENCY, WITH YOUR CURRENT ADDRESS.**

HEAD OF HOUSEHOLD		PHONE #	REQUEST DATE
ADDRESS		COUNTY	TRIBAL ID#

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

**ACF-DHHS Low Income Heating Assistance Energy (LIEAP)** - Heating assistance for eligible Heating assistance for eligible households within the KBIC eight county service area (Baraga, Houghton, Dickinson, Gogebic, Iron, Keweenaw, Marquette, and Ontonagon Counties), whose gross annual income falls within the 60% of the state median income guideline.

Please check which program you are applying for:

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

**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>
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*(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 IN MY RENT (Attach rental agreement/verification of heating included in rent).**

**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				

**Office use only:** DAP Priority Identifications -  Elder 62 year +  Disabled  Families with children age 6 and under

Date Received: \_\_\_\_\_

**PLEASE REPORT ALL HOUSEHOLD INCOME BELOW:**

- It is required that you attach proof of all household members income for the past 30 days (i.e. paystubs, food stamp verification, workman’s comp, unemployment, DHS Cash Assistance, GA, SS/SSI, etc.).
- Adult household members with zero income are required to attach the completed Zero Income Affidavit.

- |  |                                    |
|--|------------------------------------|
| 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: _____          |

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

No  Yes  If yes, complete the attached Self Employment Affidavit. [\$ \_\_\_\_\_] Amount Earned

**B. Does your household receive any of the following?**

- DHS Public Cash Assistance? (TANF) No  Yes  If yes, include verification of services.
- Supplemental Security Income (SSI)? No  Yes  If yes, please include verification of services.
- DHS Food Assistance? No  Yes  If yes, include verification of services.

**ALL HOUSEHOLD MEMBERS ARE REQUIRED TO SIGN THIS APPLICATION:**

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 vest of my knowledge. I understand giving false or incomplete information may result in a referral to the prosecutor for fraud, and/or recovery of any funds paid out on behalf of me, my household, or a minor in my care. 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

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

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

**Income Zero Income Affidavit**

Anyone over the age of 18 who does not have income must sign.

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 \_\_\_\_\_

**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 \_\_\_\_\_