



SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

Low Income Home Energy Assistance Program

Heating Assistance

Crisis Energy Assistance

APP. NO. _____

APPLICANT *(Head of Household)*

Last Name: _____ First Name: _____

Maiden Name: _____ Other Last Name Used: _____ Date

of Birth: _____ Social Security No.: _____

SPOUSE / SIGNIFICANT OTHER

Last Name: _____ First Name: _____

Maiden Name: _____ Other Last Name Used: _____ Date

of Birth: _____ Social Security No.: _____

Mailing Address: _____

Address of residence if different than mailing address: _____

City/State/Zip Code: _____

Phone: (906) _____ County of Residence: _____

List name, relationship, Social Security numbers and Date of Birth for all persons residing in the home:

	First Name	Last Name	Relationship to Applicant	Social Security	Date of Birth	Annual Income
1			Applicant			
2						
3						
4						
5						
6						
7						

ANNUAL HOUSEHOLD INCOME

INCOME: Indicate the Source and Amount of income for all household members over the age of 18, for the past twelve (12) months. Do not include full time high school students.

TYPES OF INCOME: Employment, FIP, Social Security, SSI, Pension, Disability Income, Unemployment Benefits, Adoption Subsidies, General Assistance, Rental Income or other income not listed.

RATE OF INCOME: List income earned before taxes (gross).

ELDERS & DISABLED: Social Security, SSI and Social Security Disability recipients are required to submit a copy of their current award letter as well as the previous year's award letter and/or tax return. Copies of monthly checks will not be accepted as proof of income.

If employment is seasonal, more than one employer or more than one source, such as unemployment, please complete a budget worksheet indicating when each source of income started and ended.

Applications cannot be processed without proof of income.

Name of Person	Source of Income	Amount of Income	Frequency (week-month)

Total annual household income: \$ _____

Number of household members? _____

Number of Sault Tribe member? _____

Number of elderly (60+) in the home? _____

Number of Disabled in the home? _____

Number of children age 5 & under? _____

Number of children age 2 & under? _____

Has the household or anyone in the household been provided with energy services from the Michigan Department of Health & Human Services (DHS/FIA) since November 1 of this year? Yes No

If yes, please indicate date of service, type of service and amount received:

PRIVACY ACT STATEMENT

The Privacy Act of 1974 requires each agency that maintains a system of information on individuals to inform those individuals as to:

- A. The authority (whether granted by statute, or by executive order of the President) which authorized the solicitation of the information and whether disclosure of such information is mandatory or involuntary.
- B. The principle purpose for which the information is intended to be used.
- C. The routine uses which may be made of the information, and
- D. The effect on him, if any, of not providing all or part of the requested information.

The Low Income Energy Assistance Act of 1981 (Title XXVI of the Omnibus Budget Reconciliation Act of 1981) authorizes grants to Indian Tribes to provide assistance to eligible households to offset the rising cost of home energy that is excessive in relation to household income. In accordance with the accountability required for the administration of the funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means of producing statistical records required of this office. Failure on part of the applicant to provide the required information will preclude the applicant from eligibility assistance from this program.

FRAUD STATEMENT

I understand that I may be subject to criminal prosecution as a result of any fraudulent statements in this LIHEAP application or associated documents. I authorize ACFS to contact any individuals, agencies and companies to verify information contained in this application. I certify under the penalties of perjury that all statements contained in this application are true to the best of my knowledge and that there is no understatement or misstatement of income or any other information on this application. I authorize Anishnaabek Community and Family Services to contact any and all pertinent individuals, agencies and companies to verify the information contained in this application and to determine my household's eligibility.

Anishnaabek Community and Family Services may refer information concerning my application, including personal information indicating a violation of law, to the Attorney General or a District Attorney for investigation and enforcement. I further understand that all reported adult household members' income may be verified by contacting current/past employers. Any unreported income shall be grounds for automatic sanction of the LIHEAP program for a period specified by the ACFS Director.

I have read both the fraud statement and the statement of privacy, which are made a part of the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement. I further understand that this application cannot be processed without my signature below.

Applicant's Signature **(required)**

Date

Spouse/Significant Other's Signature **(required)**

Date