



YUROK TRIBE

Client Services Department

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548
(707) 951-6631 or (707) 482-1350



LIHEAP Application Checklist

Low-Income Home Energy Assistance Program (LIHEAP)

Statement of Understanding

Upon submitting your completed application, please allow 2-4 weeks for processing of regular applications and 24 hours for 24-48 hour shut off notices. You will receive notification by letter of approval or denial. At this point, you could contact your chosen energy provider to see if they received a pledge from the Yurok Tribe. We will not be accepting calls regarding your application status unless it is greater than 4 weeks from date of submission. **Turning in an application is not a guarantee of approval and it is still your responsibility to continue making your utility payments.**

- Completed Application
- Tribal Verification- **for all tribal members**
- Government Issued ID- **for all adults**
 - Valid forms of identification include Driver's license, State ID, Passport, Tribal ID
- Income Verification (past 30-days) for **all** household members:
 - Wages/Pay stubs
 - Passport to services for TANF, CalWorks, CalFresh
 - Social Security- provide most recent award letter or direct deposit statement
 - Disability/ Unemployment statement
 - Child Support statement
- Heating Verification:
 - Most Recent Power Bill is required (within the last 30 days)
 - Full Statement of Power Bill is required (all pages of the statement)
 - Propane Invoice must include account #
 - Quote for pellets
- Verification of Disability- **if applicable**
 - *Please note, if needed, social security numbers may be requested by staff

Applications may be accepted over the phone with verbal authorization in order to help tribal members access services.



Phone: (707) 951-6631 • Fax: (707) 482-1377





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LIHEAP Application

Low-Income Home Energy Assistance Program (LIHEAP)

Applicant Name: _____ Date: _____

Phone Number: _____ Tribal ID: _____ DOB: _____

Physical Address (Street, City, State, Zip): _____

Mailing Address (if different than physical): _____

Service Area: ___ Del Norte ___ Humboldt ___ Trinity ___ Out of Service Area

District: ___ North ___ South ___ East ___ Requa ___ Weitchpec ___ Pecwan ___ Orick

Are you an enrolled Yurok Elder (60+ years): ___ Yes ___ No

Does a child 5 years or younger live in the home: ___ Yes ___ No

Does a disabled person live in the household: ___ Yes ___ No

Members of the Household (all individuals including yourself):

Name	Relationship	DOB	Age	Tribal Roll #
	Self			



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Monthly Income (all household members including yourself):

Source	Name	Amount
Wages/Employment		
TANF/CALWORKS		
Social Security/SSI		
Unemployment		
Veteran Benefits		
Pension/Retirement		
Other		
	Monthly Total	

Type of Heating Assistance Requested (please choose one):

Electric: _____	Propane: _____	Kerosene/Diesel Monitor Heater: _____	Pellets: _____
Wood: _____	Length of Wood: _____ (inches)	Wood Preference: Hardwood: _____	Fir: _____
Name of Vendor for Heating Assistance: _____			
Account #: _____			

LIHEAP- Responsibility Statement

I, _____, reside at _____. (Print Name) (Physical Address, City, Zip)
The utility bill is in the name of _____, and I am responsible for payment of the utility bill for the above address.
He/She/They are my _____. (Relationship)
Please briefly explain the reason why you are responsible for the payment of the utility bill for the address above: _____ _____ _____

LIHEAP Certification & Authorization to Release Information:

_____(Initial): I understand, due to limited available funds, turning in an application is not a guarantee of approval, and it is still my responsibility to continue to make my utility payments.

_____(Initial): I am the only person in my household who has applied for this program.

_____(Initial): I authorize Client Services staff to speak to my utility company about my account.

_____(Initial): I hereby release the Yurok Tribe and its agents and employees from any/all liabilities, responsibilities, damages, and claims that might result from release of information authorized above.

LIHEAP Fair Hearing Statement

Client rights if you wish to appeal any decision regarding your application.

If you feel the decision of the LIHEAP Intake Staff is in error, you may file a written appeal within ten (10) days after receiving a letter of denial to the Client Services Administrative Manager. The Client Services Department Administrative Manager will review and make a decision regarding your appeal within five (5) days after giving the opportunity for both a fair administrative hearing to individuals whose claims for assistance under the plan is denied or not acted upon with reasonable promptness and receiving your written appeal. If the Client Services Department Administrative Manger upholds the initial decision, you have ten (10) days after receiving their written decision to file a written appeal to the Yurok Tribal Council. The Yurok Tribal Council then has ten (10) days to receive their final written decision by mail.

_____ **(Initial):** I have read the above rights and have been advised of my rights to appeal any decision made by the LIHEAP Intake Staff.

By Signing this document, I am certifying that all information provided oral and written are true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program. This release will be in effect for one year form the date it is signed unless terminated earlier at the request of the client.

Verbal Authorization Given: _____Yes _____No _____Not Applicable

Staff Receiving Verbal Authorization: _____

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature (other household adults):_____ **Date:** _____

Application Submission Options:

- **In person at any tribal office**
- **Email:** LIHEAP@yuroktribe.nsn.us
- **Fax:** (707) 482-1377
- **Mail:**
 Yurok Tribe
 Attn: Client Services Department
 PO Box 1027
 Klamath, CA 95548

End of Application