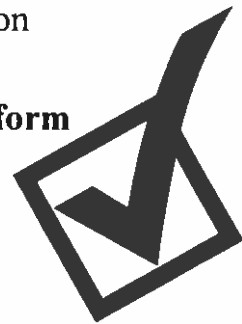


Please find below the items **required** for Family Assistance to determine your eligibility for a LIHEAP allotment.

****Make sure to include on the application the PGST Enrollment Number and SSN of the Head of Household.****

Current and Completed LIHEAP application, in addition to these items of verification for the last 3 months for everyone 18 years and older who reside in your home:

- Wage stubs from employment, child support payments, and/or Stipends
- Treaty Income (form included in packet please sign)
- Award letter from Social Security, and/or Retirement pension
- If an adult in the home has no income, **then sign and date form included in packet.**
- Current** Puget Sound Energy Bill



These items should be with your completed LIHEAP application and returned to the Children & Family Services DROP BOX.

You can email Kathy Purser-Sullivan with any questions:
kathyps@pgst.nsn.us

Number of Household Members	60% of FY 2021 State Median Income (SMI) Estimates
1	\$31,752
2	\$41,521
3	\$51,291
4	\$61,061
5	\$70,831
6	\$80,601
7	\$82,432
8	\$84,264

Please provide proof of income for the LAST 3 MONTHS including Treaty.
FY2021 Round 3

Port Gamble S'Klallam Tribe ELDER LOGS _____
Low Income Home Energy Assistance Program
Client Intake Form FY2021

Puget Sound Energy Account # _____

PERSONAL INFORMATION - PGST ENROLLMENT #: _____

Name _____ Own _____ Rent _____ Buying _____

Address _____

DOB _____ SSN _____

Telephone _____ Number of people in home _____

Primary Heat Source: Electric _____ Gas _____ Woodstove _____

Persons Residing in House	Relationship	Source	Gross Amount	Age
_____	/ Myself	_____	_____	_____
_____	/	_____	_____	_____
_____	/	_____	_____	_____
_____	/	_____	_____	_____
_____	/	_____	_____	_____
_____	/	_____	_____	_____

ELIGIBILITY INFORMATION Check here if no verifiable income _____

Reason: _____

Are you a recipient of SSI, Foodstamps, or Family Assistance (TANF)? _____

Be sure to answer the following question

Has your household applied for and received energy assistance from any other agency since 10/1/20? YES _____ NO _____

If yes, what agency? _____

Is anyone in your household considered disabled or handicapped?

YES _____ NO _____ Name _____

I hereby certify that I meet the income guidelines of the Low Income Home Energy Assistance Program. I realize that any false statements or misrepresentations knowingly made by me for the purpose of obtaining assistance under this program may result in my being denied assistance and/or may result in action against me which shall subject me to civil and/or criminal penalties. I also understand that by signing this application I give my consent to any investigation required to verify or confirm the information on this application. In addition, I authorize the companies that supply my utilities and fuel to release any information pertaining to my utility and fuel costs and consumption.

Applicant's Signature _____ **Date** _____

Please provide proof of income for the LAST 3 MONTHS including Treaty.
 FY2021 Round 3

*(Please note - carefully read PAGE 3. Additional SIGNATURE REQUIRED Page 3.)

Applicants who have been denied assistance under this program have the right to appeal. If you have been denied assistance but believe you are eligible, you may request an appeal within 15 days. Your request must be in writing to the Port Gamble S'Klallam Business Committee, 31912 Little Boston Rd., Kingston, WA 98346.

****DO NOT WRITE BELOW - LIHEAP STAFF ONLY****

<u>Source of Income</u>	<u>Monthly Amt</u>	<u>Yearly Amt</u>	<u>Type of Verification</u>
Employment	_____	_____	_____
Social Security	_____	_____	_____
Retirement/Pension	_____	_____	_____
Child Support	_____	_____	_____
Family Assistance	_____	_____	_____
Other Public Asst.	_____	_____	_____
Veterans Benefits	_____	_____	_____
Unemployment	_____	_____	_____
Treaty/Other	_____	_____	_____
GRAND TOTAL \$		_____	ALLOTMENT \$ _____

Date Application Completed _____ Verified by _____

I certify that I have reviewed the proof of income documents, and/or obtained by telephone or letter, verification of the statements made by the applicant. Upon my review of this document(s) I find the applicant to be:

Eligible for assistance _____ Ineligible for assistance _____

Reason for ineligibility determination _____

Intake Staff Signature _____ Date _____

PAYMENT APPROVAL

I hereby authorize payment to be made for the above named applicant.

 Signature Title Date



**Port Gamble S'Klallam Tribe
Children and Family Services
31912 Little Boston Road NE
Kingston, WA 98346**

Agreement to Provide Correct and Complete Information

The Port Gamble S'Klallam Tribe offers the community many services through the Children and Family Services Programs. Services such as TANF, LIHEAP, Child Support and Child Welfare.

To apply for these services, you need to provide the Program information on the application form. It is critical that you provide complete and accurate information on the form. It is unlawful to try to obtain services that you are not entitled to receive.

If a person is found to have provided incomplete or false information then s/he could:

- Stop receiving the services;
- Be ordered to repay the service received;
- Become ineligible for the services in the future;
- Prosecuted under the Law and Order Code (which could result in a fine and/or jail time)

I, _____ (print name) declare that all the information and facts I have provided the Children and Family Services Program is correct and complete to the best of my knowledge and belief.

I understand that I can be prosecuted by the Tribe under the Law and Order Code if I provide false or incomplete information. I understand that the penalty for this can include a fine and jail time and that, in addition, I can be ordered to repay any services I have wrongly received and I can become ineligible for services in the future.

I give my consent to any investigation required to verify or confirm the information I have provided in order to receive services.

Applicant's Signature

Date

Witness

Date

LIHEAP FY2021
Statement of No Income

If you have household members over 18 years of age that have no income they need to complete this form as a part of your LIHEAP application. Your income will not be complete and cannot be processed without this form.

I _____ have had no income to declare for the months of
(Print Name)

1. _____, 2. _____, 3. _____ 2021 (please include all
that apply for the last 3 months)

Signature

Date