

NCIDC TRIBAL LIHEAP APPLICATION

Form Revised 10/24/24

Contact Information

Client Name

Tribal Affiliation

Residential Address

Mailing Address

Household Home Phone

Mobile Phone

Email Address

County

Household Demographics (✓ one)

Household Type

- ☐ Single Parent Household
- ☐ 2 Parent Household
- ☐ Single Person In Household
- ☐ 2 Adults No Children
- ☐ Other
- ☐ Non-Related Adults with Children
- ☐ Multi-Generational Household

Housing Type

- ☐ Own
- ☐ Rent (Separate utilities)
- ☐ Rent (Utilities included in rent)
- ☐ Homeless
- ☐ Other Permanent Housing

Reservation/Rancheria Resident

- ☐ Yes
- ☐ No

Housing Subsidy Type

- ☐ Housing Choice Voucher
- ☐ HUD-VASH
- ☐ Permanent Supportive Housing
- ☐ Public Housing
- ☐ Other Subsidy Type
- ☐ None

Head Of Household

- ☐ Yes
- ☐ No

in Household:

Language Proficiency

- ☐ Beginner Lower Level
- ☐ Intermediate
- ☐ Advance/Fluent

Person Demographics

SSN

BirthDate

Race (✓ one)

- ☐ Amer. Indian/Alaskan. Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hawaiian or Pacific Islander
- ☐ White
- ☐ Multi-Race
- ☐ Other

2nd Race (✓ one)

- ☐ Amer. Indian/Alaskan. Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hawaiian or Pacific Islander
- ☐ White
- ☐ Multi-Race
- ☐ Other

Gender (✓ one)

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Not Listed

Ethnicity (✓ one)

- ☐ Hispanic, Latino or Spanish Origins
- ☐ Not Hispanic, Latino or Spanish Origins

Person Demographics Continued

Primary Health Insurance Source (✓ one)

- ☐ Direct Purchase
- ☐ Medicare
- ☐ Medicaid
- ☐ None
- ☐ State Children's Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Military Health Insurance
- ☐ Employment Based

Secondary Health Insurance Source

- ☐ Direct Purchase
- ☐ Medicare
- ☐ Medicaid
- ☐ None
- ☐ State Children's Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Military Health Insurance
- ☐ Employment Based

Education Level (✓ one)

- ☐ Up to 8th Grade
- ☐ Up to 12th Grade
- ☐ High School Grad
- ☐ GED
- ☐ Any schooling beyond high school
- ☐ 2 Year College Graduate
- ☐ 4 Year College Graduate
- ☐ Graduate of Other post-secondary school

Work Status (✓ one)

- ☐ Employed Full-Time
- ☐ Employed Part-Time
- ☐ Migrant Seasonal Farm Worker
- ☐ Unemployed (6 months or less)
- ☐ Unemployed (More than 6 months)
- ☐ Unemployed (Not in Labor Force)
- ☐ Retired

Disabling Condition (✓ one)

- ☐ Yes
- ☐ No

Military Status (✓ one)

- ☐ Active Military
- ☐ Veteran
- ☐ Not Veteran or Active Military

All Household Members Demographics (Required. Please Write Clearly.)

First and Last Names	Date of Birth	Hispanic, Latino, or Spanish? (Circle)	Race	Gender (Circle)
<i>Example Name</i>	<i>1/1/2000</i>	Yes <u>No</u>	<i>American Indian</i>	<u>Male</u> Female NonBinary
		Yes No		Male Female NonBinary
		Yes No		Male Female NonBinary
		Yes No		Male Female NonBinary
		Yes No		Male Female NonBinary
		Yes No		Male Female NonBinary
		Yes No		Male Female NonBinary
		Yes No		Male Female NonBinary

Household Income

Income Sources (✓ all that apply)

- | | |
|---|---|
| <input type="checkbox"/> No Income | <input type="checkbox"/> Odd Jobs |
| <input type="checkbox"/> Alimony/Spousal Support | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Pension (IRA/401k) |
| <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Self-Employment |
| <input type="checkbox"/> EITC | <input type="checkbox"/> Soc. Security Retirement |
| <input type="checkbox"/> CA/Tribal TANF | <input type="checkbox"/> Soc. Security Disability Income (SSDI) |

- | |
|--|
| <input type="checkbox"/> Supp. Security Income (SSI/SSP) |
| <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> VA Service-Connected Dis. Comp |
| <input type="checkbox"/> VA Non-Service-Connected Dis. Pension |
| <input type="checkbox"/> Wages |
| <input type="checkbox"/> Worker's Compensation |

Non-Cash Benefits (✓ all that apply)

- | |
|--|
| <input type="checkbox"/> Affordable Care Act (ACA) Subsidy |
| <input type="checkbox"/> Childcare Voucher |
| <input type="checkbox"/> LIHEAP |
| <input type="checkbox"/> SNAP/ FOODSTAMPS |
| <input type="checkbox"/> WIC |
| <input type="checkbox"/> Other (Such as commodities) |
| <input type="checkbox"/> None |

Eligibility Guidelines and Determination

Recommended Amount for each bill/wood		Name of Vendor		Recommended Amount for each bill/wood		Name of Vendor	
1	\$			3	\$		
2	\$			4	\$		

CERTIFICATION: By signing this document I am certifying that all information provided orally and on this application form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program in which I am participating and may result in prosecution. If any of the information, including but not limited to income, changes after signing this form, I will promptly report such changes. The Northern California Indian Development Council is authorized to release pertinent information contained herein for verification of eligibility.

Applicant:

LIHEAP Coordinator:

Date:_____

Date:_____

By signing this form as the LIHEAP Coordinator, you are certifying that you have verified the applicant's Native American affiliation.