LIHEAP CHECK OFF LIST

Do not submit intakes unless they are fully completed with all required items.

THIS WILL BE THE RESPONSIBILITY OF THE TRIBAL LIHEAP COORDINATOR, BY SIGNING THE INTAKE, YOU ARE VERIFYING THAT ALL OF THE INFORMATION IS TRUE AND CORRECT.

1. _____**Fully completed intake form**
   One intake per household

2. _____ **Current Income Documentation for The Past 30 Days for All Adults**
   Every household member over 18 that has no income needs to sign a Certification of Income and Expenses form.

   _____ Up-to-date verification of TANF, SNAP, or SSI benefits (If applicable)

3. **All bills, invoices, and quotes must include:**
   a. **Account number**
   b. **Name on the account**
   c. **Company name and address.**
   d. **If there is an overdue balance higher than the assistance the applicant may be eligible for, the applicant should provide proof of enrollment in a payment plan with the company.**

   If applying for assistance with more than one bill, please provide amounts for each, not exceeding the maximum amount allowed.

   _____ Current Energy and/or Propane Bill

   _____ Wood or Pellets (*NCIDC WILL NOT PAY FOR WOOD THAT HAS ALREADY BEEN DELIVERED. NO EXCEPTIONS*)

   Vendor Name: _____

   Address: _____

   Phone Number: _____

   Dollar Amount Charged Per Cord: _____

4. _____Responsibility Statement

5. _____Tribal Verification for Household

Northern California Indian Development Council (NCIDC)

LIHEAP Eligibility Benefit Matrix - FFY 2025/2026

Applicant's Name: **Tribe:**

BASED ON 60% OF STATE MEDIAN INCOME (SMI) INDEX

SUMMARY OF BENEFIT MATRIX	
INCOME:	HEAT/COOL/CRISIS - All fuels combined maximum benefit per hsehld
75 to 100% of SMI	$800
50 - 75% of SMI	$1,000
under 50% of SMI*	$1,200

***Categorically Eligible**
TANF, SSI,OR SNAP

Income that is exactly on the cusp should be determined in favor of the larger benefit amount

Household Size	**Maximum Income Eligibliity Guideline**	**if income is between 100 - 75%**	75% of maximum income eligibility	**if income is between 75 - 50%**	50% of maximum income eligibility	**if income is between 50% - 0%**	***Categorically eligible participants receive maximum**
1	$39,981	<--->	$29,986	<--->	$19,990	<--->	$0
2	$52,282	<--->	$39,212	<--->	$26,141	<--->	$0
3	$64,584	<--->	$48,438	<--->	$32,292	<--->	$0
4	$76,886	<--->	$57,665	<--->	$38,443	<--->	$0
5	$89,188	<--->	$66,891	<--->	$44,594	<--->	$0
6	$101,490	<--->	$76,117	<--->	$50,745	<--->	$0
7	$103,796	<--->	$77,847	<--->	$51,898	<--->	$0
8	$106,103	<--->	$79,577	<--->	$53,051	<--->	$0
9	$108,409	<--->	$81,307	<--->	$54,205	<--->	$0
10	$110,716	<--->	$83,037	<--->	$55,358	<--->	$0
11	$113,022	<--->	$84,767	<--->	$56,511	<--->	$0
12	$115,329	<--->	$86,497	<--->	$57,665	<--->	$0
	Benefit Amounts	**$800**		**$1,000**		**$1,200**	

Priority Polulations: **$100 additional annual benefit** for one or more factors (single increase, not cumulative

LIHEAP PRIORITIES

Senior Citizen (Over the age of 62)
Disabled (Receiving SSI)
Child(ren) age five (5) or under in household
Six or more individuals in the household
Disconnected
Pending Disconnection
Energy Burden exceeds 20%

NOTES: The benefit amounts shown are the maximum benefit limits for the NCIDC LIHEAP program that serves a consortium of 48 Tribes located in California.

Each Tribe's Council or governing body may request that these benefit amounts (shown in bold) be decreased for their eligible population, but they may not issue any single benefit payment amount for less than $50, and they may not increase or exceed the maximum annual benefit amounts shown here.

Income Type	**Paid time frame**	**Amount**	**Totals**

Total Household Income =

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

Gender (√ one)

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

Ethnicity (√ one)

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

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

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)		
Example Name	*1/1/2000*	*Yes*	*No*	*American Indian*	*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
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary

Household Income

Income Sources (√ all that apply)

- ☐ No Income
- ☐ Alimony/Spousal Support
- ☐ Child Support
- ☐ Private Disability Insurance
- ☐ EITC
- ☐ CA/Tribal TANF
- ☐ Odd Jobs
- ☐ Other
- ☐ Pension (IRA/401k)
- ☐ Self-Employment
- ☐ Soc. Security Retirement
- ☐ Soc. Security Disability Income (SSDI)
- ☐ Supp. Security Income (SSI/SSP)
- ☐ Unemployment
- ☐ VA Service-Connected Dis. Comp
- ☐ VA Non-Service-Connected Dis. Pension
- ☐ Wages
- ☐ Worker's Compensation

Non-Cash Benefits (√ all that apply)

- ☐ Affordable Care Act (ACA) Subsidy
- ☐ Childcare Voucher
- ☐ LIHEAP
- ☐ SNAP/ FOODSTAMPS
- ☐ WIC
- ☐ Other (Such as commodities)
- ☐ 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:

_____

Date:_____

LIHEAP Coordinator:

_____

Date:_____

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

LIHEAP RESPONSIBILITY STATEMENT

I, _____ reside at
First *MI* *Last*

_____
Street Address *City* *Zip*

My Utility bill is in the name of _____

The relationship that I have with this person is that they are my _____. I am responsible for payment of the utility bill for the above address. This person _____ reside at the above address.
(does or does not)

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP. I hereby grant permission to the Tribe and to the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP providers to ensure that there is no duplication of LIHEAP services to myself or my household.

_____

Applicant's Signature **Date**

_____

Intake Worker's Signature **Date**

Revised 9/30/24

Northern California Indian Development Council, Inc.

Certification of Income and Expenses Form

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide any proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name: _____

Section 1: Do you have sources of income you forgot to report? (if yes, please provide any available documentation)		
YES	**NO**	During the previous six (6) months have you been employed part time?
YES	**NO**	During the previous six (6) months have you been self-employed?
YES	**NO**	Have you been laid off from work in the last six (6) months? If yes please list the date of your last day of work and any documentation:
YES	**NO**	During the previous six (6) months have you received any gifts of money from anyone? If yes, please list the amount as well as name & phone number of the person who gave you the gift:
YES	**NO**	During the previous six (6) months have you received any of the following: (circle any that apply) **Worker's Comp / Unemployment / Government Sponsored Benefits / Child Support**
YES	**NO**	Do you receive any of the following: (circle any that apply) **Annuity / Pension / Per Capita / Tribal Payments / Rental Income / Insurance Benefit**

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	**NO**	Are you using savings or a home equity loan? If yes, please specify source and amount:
YES	**NO**	Are you using some other asset? If yes, please specify amount and asset:
YES	**NO**	Are you borrowing from credit cards? If yes, please specify amount:
YES	**NO**	Are you borrowing from some other source? If yes, please specify amount and source:

Section 3: Please tell us how you paid these monthly expenses during the previous months?		
Expense	Monthly Cost	If someone else pays for you, please complete:
Rent/Mortgage	$	Name: Address: Phone:
Utility Bills	$	Name: Address: Phone:
Food	$	Name: Address: Phone:
Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:		

By signing this form, I affirm that I believe these facts to are accurate and true. I give the Service Provider my permissions to verify this information. I may be held liable under Federal or State law knowingly making false or fraudulent statements.

Signature: _____ **Date:** _____

Northern California Indian Development Council

Self-Certification of Income

I, _____ certify that I have no documentation for my income. My total household/family income for the past six (6) months is detailed on this self-certification form.

By signing this document, I am certifying that all the information provided on this 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, which I am participating and may result in prosecution under the law.

Month	Year	Amount	Month	Year	Amount
January		$	July		$
February		$	August		$
March		$	September		$
April		$	October		$
May		$	November		$
June		$	December		$

OFFICE USE ONLY	
Total six month income:	$
Annualized Income (six month x 2):	$
Additional info:	

_____ _____

Applicant Signature Date

_____ _____

Case Manager Signature Date