

## SAINT REGIS MOHAWK LIHEAP

Mailing address: 71 Margaret Terrance Memorial Way

Physical address: 418 State Route 37

Akwesasne, New York 13655

Melanie Conners: (518)358-2272 ext. 2212

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Office hours: Monday thru Friday 8:00 a.m. to 4:00 p.m.

### DOCUMENTS REQUIRED AT THE TIME OF APPLICATION FOR THE LIHEAP PROGRAM

- You are required to provide verification of income by providing one of the following:

Wages/pay stubs: Weekly – 4 current check stubs

Bi-weekly – 2 current check stubs monthly

Monthly - 1 current check

Award letters for: Social Security, SSI, VA Pension, Retirement, Annuity, TANF, Alimony, Child Support, General/Public Assistance, Foster Care Payments, Etc.

Unemployment – 18 years and older with no income must complete 0 income form that we will provide upon request.

Self-employment/business income:

Personal wage records, monthly ledgers, proof (receipts) for purchases of supplies or items used; most recent year's income tax return, etc. If unable to provide must complete worksheet LIHEAP will provide.

- You will need to provide verification of residence:

Current utility bill with physical street address such as: fuel bill, electric, current rent receipt with name and address of tenant and landlord or lease with name and address. Also accepted are mortgage payment books, homeowners/renter's insurance policy.

- You will need to provide verification of identity: 2 forms of proof of identity are required:

An official tribal card, or letter by an Indian tribe which indicates that the individual is a tribal member, drivers license, NYS photo id, passport, birth/baptismal certificate, validated social security number, adoptions papers, etc.

### You will not be eligible to receive LIHEAP if:

1. You are receiving snap benefits (*formerly food stamps*). The LIHEAP program is required to verify participation with the franklin county's LIHEAP and snap benefits program for all individuals.
2. You do not reside within the boundaries of the southern portion of Akwesasne only.

# SAINT REGIS MOHAWK TRIBE LIHEAP APPLICATION

71 Margaret Terrance Memorial Way, Akwesasne, NY 13655

TELEPHONE: (518) 358-2272 ext. 2212 FAX: (518) 358-9954

Head of Household \_\_\_\_\_

Name (Head of Household): \_\_\_\_\_ County: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Application Date: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**HOUSEHOLD MEMBERS:** Complete the following for each member of your household. Your household means yourself and the people who live with you. List your name first. (Attach a separate sheet if you need to list additional household members.)

NAME(S) OF ALL HOUSEHOLD MEMBERS <i>(Last, First, Middle Initial)</i> Please Print.	RELATIONSHIP TO HEAD OF HOUSEHOLD <i>(self, spouse, daughter, son, cousin etc.)</i>	DATE OF BIRTH	SOCIAL SECURITY #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Are there any household members that are handicapped or disabled?  Yes  No If yes list name \_\_\_\_\_

Are there any household members who are 12 years old or younger?  Yes  No

Are you or anyone in your household currently receiving SNAP benefits?  Yes  No  
If yes, list names: \_\_\_\_\_

Have you or anyone in your household recently applied for SNAP benefits?  Yes  No  
If yes, list names: \_\_\_\_\_

Do you or does anyone living at your address get or have recently applied for TANF?  Yes  No  
If yes, list names: \_\_\_\_\_

Is there anyone in your household 18 years old or older who does not have any income from any source?  
If yes list members with no income \_\_\_\_\_ NO \_\_\_\_\_

Is there anyone in your household who is a full time dependent, high school or college student? If yes list members \_\_\_\_\_ NO \_\_\_\_\_

Authorized Representative

You can designate someone who knows your household circumstances to be your authorized representative. Your authorized representative may: complete and file your LIHEAP application, contact the agency and speak with your worker, have access to eligibility information in your case file, complete all forms for you, provide documentation, appeal agency decision. You must still sign the application. The authorized representative designation will remain in effect for the current LIHEAP season unless revoked by you. Each LIHEAP season you will be asked if you want to designate a Authorized Representative.

I would like to designate an authorized representative  Yes  No Complete information below

Name of authorized representative \_\_\_\_\_

Address and phone number \_\_\_\_\_

INCOME SOURCES

List all sources of income and provide verification (copy of check, check stub, public assistance grant letters, etc.

- Supplemental Security Income SSI \_\_\_\_\_
- Social Security \_\_\_\_\_
- Public Assistance (TANF, GA) \_\_\_\_\_
- Unemployment \_\_\_\_\_
- Retirement Pensions \_\_\_\_\_
- Alimony/Child Support \_\_\_\_\_
- Veterans/Survivors Benefits \_\_\_\_\_
- Gross Wages/Earnings \_\_\_\_\_
- Self-Employment \_\_\_\_\_
- Income from Savings, checking, CD's, 401K, etc. \_\_\_\_\_
- Rental income, Room and Board income \_\_\_\_\_
- Other Income (workers comp, disability private,  
Income from outside the household,  
Private contributions from family) \_\_\_\_\_

Eligibility cannot be determined until all income is reported and verified. If you cannot provide complete verification for all sources of income, your signature at the completion of this application will allow the LIHEAP Staff to contact any and all appropriate entities to verify your household's income.

Has this been explained to you?  Yes  No

**HOUSING INFORMATION**

**HOMEOWNER:**

- Single Family
- Multi-family House
- Life Estate/Use

**RENTER:**

- Private House
- Apartment
- Mobile Home

**OTHER:**

- I live with someone else and share expenses
- I pay for a room
- I pay room and board
- Permanent hotel/motel
- Other situation

My monthly rent or Mortgage payment is \$ \_\_\_\_\_  None

**HEAT AND UTILITY INFORMATION**

Do you pay separately for HEAT?  Yes -Complete information below  No

My main source of heat is:

- Fuel Oil
- Wood/Wood Pellets
- Electric Provider
- Kerosene
- Coal or Corn
- Propane or Bottle Gas

My fuel tank is:  Individual Tank  Metered Tank

Is the heating bill in your name? \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Are you directly responsible to pay the bill? \_\_\_\_\_

Your heating account number is: \_\_\_\_\_

Please check if this is a landlords account number

Your heating company's name is: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DO YOU PAY A SEPARATE ELECTRIC BILL FOR UTILITIES OTHER THAN HEAT?  Yes-Complete information below

If yes, is the electric bill in your name?  YES  NO If No, name on the bill \_\_\_\_\_

Your electric account number (if you have one) is: \_\_\_\_\_

Please check if landlord's account number

Is electric necessary to run the furnace?  YES  NO

Is electricity necessary to operate the thermostat?  YES  NO

ARE BOTH HEAT AND ELECTRIC INCLUDED IN YOUR RENT?  YES  NO

Please read and initial after each statement:

\_\_\_\_\_ **YOU SHOULD BE AWARE THAT THERE IS LIMITED MONEY AVAILABLE FOR LIHEAP BENEFIT PAYMENTS. ONCE AVAILABLE MONEY IS EXHAUSTED NO BENEFITS WILL BE ISSUED. THEREFORE, IT IS STRONGLY RECOMMENDED THAT YOU COMPLETE AND SUBMIT YOUR APPLICATION AS SOON AS POSSIBLE.**

\_\_\_\_\_ **FAIR HEARING:** If you disagree with any action taken on your case, you or your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson, may present your case. Contact number to call is Compliance Director at 518-358-2272 ext. 2184.

\_\_\_\_\_ **PENALTY WARNING:** I swear and/or affirm that the information given on this application and subsequent phone interviews is true and correct. I realize that any false statements or other misrepresentation knowingly made by me in connection with this application and subsequent request for LIHEAP assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any false statement or misrepresentation knowingly made by me for purposes of obtaining assistance under this program may result in an action against me which may subject me to civil and /or criminal penalties.

\_\_\_\_\_ **AUTHORIZATION:** I authorize the release of any necessary information or forms to the LIHEAP Office from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to determine/verify my eligibility. I understand that this information will be used only for helping to document my eligibility for LIHEAP benefits. This authorization is good for 12 months from the date signed or until revoked by me in writing.

Consent/Signature – all questions must be answered and your application must be signed and dated below.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of person, if any who assisted you \_\_\_\_\_ Phone number \_\_\_\_\_