

INSTRUCTIONS FOR LIHEAP APPLICATION

- **Page 1:** Please put your Name and Date. This front page is a guide to show what needs to be on the application and the necessary documents.
- **Page 2:** Initial Application. Please fill out all areas you can, ensure the application is signed, and have all household members' date of birth and social, including yourself.
- **Page 3:** Residency Verification. Please answer all questions, sign and date. If you have another residence, please make sure to include the address.
- **Page 4:** Read, sign & Date.
- **Page 5:** Read & sign at the bottom of the page. These are the steps you will have to take if you are denied and are not satisfied with your denial.
- **Page 6:** Please sign and Date.
- **Page 7:** Fill out the form to the best of your ability. Ensure your name is on the form, including the name on the electric account. Sign & Date at the bottom.
- **Once you are finished, please have copies of all households' income.**
 - **Examples of Income:**
 - SSI – SSA
 - Last 4 weeks of check stubs from the employer
 - 2026 Tax Return (**IF SELF-EMPLOYED**)
 - Unemployment Benefits
 - TANF
 - V.A. Benefits
 - Copy of a Photo ID

REMINDER: We need anyone over the age of 18 in the household to show proof of income. If there is no income in the household, or if there is a member of the household who has no income, please call the LIHEAP office (207-796-6108) to receive a zero-income worksheet.

PASSAMAQUODDY TRIBE

INDIAN TOWNSHIP LIHEAP

Checklist for LIHEAP applicants

OFFICE USE ONLY

Name: _____

Date: _____

- ☐ COMPLETE APPLICATION; SIGNED & DATED
- ☐ INCOME VERIFICATION FROM ALL HOUSEHOLD MEMBERS
 - ☐ 4 WEEK CHECK STUBS
 - ☐ TANF
 - ☐ UNEMPLOYMENT
 - ☐ CHILD WELFARE
 - ☐ SELF-EMPLOYMENT
 - ☐ VETERAN'S BENEFITS
 - ☐ SOCIAL SECURITY
 - ☐ TAX RETURN
- ☐ SOCIAL SECURITY NUMBERS FOR ALL HOUSEHOLD MEMBERS
- ☐ COPY OF STATE ID/DRIVERS LICENSE/TRIBAL ID
- ☐ D.O.B. FOR ALL HOUSEHOLD MEMBERS
- ☐ COPY OF RECENT LIGHT BILL
- ☐ RESIDENCY DECLARATION COMPLETED
- ☐ ALL PERSONS PHYSICALLY RESIDING IN HOUSEHOLD VERIFIED
- ☐ NOTARY RESIDENCY VERIFICATION
- ☐ ADDITIONAL PROOF OF RESIDENCY REQUESTED, IF NEEDED

**PASSAMAQUODDY TRIBE
INDIAN TOWNSHIP LIHEAP**

Applicant Last Name:	First Name:	M.I.	Telephone #:
Mailing Address (street, PO, Apt #) Town:			Zip
Delivery Address (911 Address):			Census Number:

List of all Household Members	Age	D.O.B.	Social Security Number	
				Do you live in: ☐ House ☐ Mobile Home ☐ Apartment Choose One
				How many in your household: Children Elderly (55+) Disabled
				Are there any members in your household receiving General Assistance? ☐ Yes ☐ No

What is your primary source of heat? CHOOSE ONLY 1 SOURCE OF PRIMARY HEAT

☐ Oil
☐ Electric

☐ Kerosene
☐ Wood

☐ Gas/Propane
☐ Pellets

☐ All Utility Incl.

Heating Source Information:

Vendor Name: _____

Type of Heat Source Delivered: _____

Primary Heat: _____

Secondary Heat: _____ If applicable

Oil, Kerosene, Gas/Propane, Electric, Wood, Pellets, or All Utilities are included.

Is your heating system: (circle one)

1. Working well
2. Not Working well
3. Not Working

Income information, confidentiality waiver, and penalty provision

I consent to the verification of the information contained in this application including all household income, any benefits received from TANF program at the Department of Human Services, Social Security (Disability & Retirement), and **all other sources of income eligibility**. I authorize my landlord and any of its agents to disclose information regarding my tenant agreement and all other tenant information. I waive my rights to keep these records confidential from Indian Township Tribal Government LIHEAP to administer this program. I also understand the penalty provision could be imprisonment for up to six months and/or fined up to \$1000.00.

I have read and understood the consent of "income information, confidentiality waiver, and penalty provision" on this application. I understand and agree that you may contact all listed sources of income/tenant information for verification, as necessary.

Applicant Signature: _____

Date: _____

LIHEAP RESIDENCY VERIFICATION

Applicant Name:

LIHEAP Service Address:

Is this address your primary residence?

☐ Yes ☐ No

Do you own, rent, maintain, or regularly stay at another residence?

☐ Yes ☐ No

If yes, address:

Are all individuals who regularly live at the LIHEAP service address listed on your application?

☐ Yes ☐ No

I certify that the LIHEAP service address listed above is my primary residence and that all individuals who regularly reside in the home are included on my application. I understand that owning property, receiving mail there, or having a utility account in my name does not by itself establish residency. I understand that additional proof of residency may be requested if needed.

Applicant Signature:

Date:

OFFICE USE ONLY

Additional verifications required? ☐ Yes ☐ No

Residency verified? ☐ Yes ☐ No

Worker Initials/Date: _____

**PASSAMAQUODDY TRIBE
INDIAN TOWNSHIP LIHEAP**

As the head of household applicant, I understand that I will be responsible for notifying the LIHEAP Department and the oil company if I am moving or if any changes will affect my oil deliveries. The LIHEAP Department is not **RESPONSIBLE** and will not be **HELD LIABLE** for any oil deliveries that are made to a person who has moved or changed their delivery address.

Head of Household/applicant signature:

Signature

LIHEAP Worker

Print

Date

I certify that the residence listed on this application is my primary residence and the place where I actually live, and that all household and residency information is true and complete. I understand that knowingly providing false, misleading or incomplete information may result in denial or termination of LIHEAP benefits, repayment of benefits received, and/or referral for investigation under applicable program rules and law.

Head of Household/applicant signature:

Signature

LIHEAP Worker

Print

Date

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

FAIR HEARING PROCEDURES

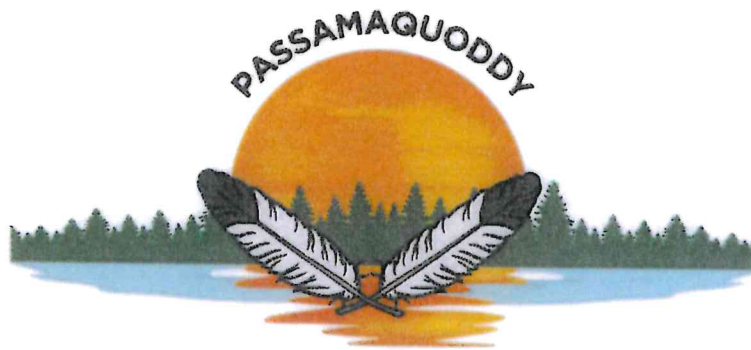
Fair hearings may be requested under any of the following conditions:

- An application for HEAP is denied for reasons other than a failure to provide complete documentation or that an arithmetical or computational error was made in determining the amount of LIHEAP benefits.
- An application for crisis heating assistance is denied for reasons other than a failure to provide complete documentation or that an arithmetical or computational error was made in determining LIHEAP benefits.
- An application for heating assistance is acted upon later than ten (10) days from the date of the application.
- An application for ECIP assistance is acted upon later than 48 hours from submission, or in a life-threatening situation, 12 hours from submission.

The sequence of steps to be followed in requesting and holding a fair hearing is:

1. The claimant shall request a fair hearing in writing on the Fair Hearing Form seven (7) days from the date of the letter notification.
2. The hearing panel shall decide if a hearing is warranted within seven (7) days from the date of the written request.
3. If the hearing is held, it shall be convened within ten (10) days of the date of the decision to hold the hearing.
4. The claimant shall be notified in writing of the date, time, and location of the hearing.
5. The hearing shall be open to only the Hearing Panel, LIHEAP staff, the person designated to take minutes, and the claimant. Any other person who may have information relating to the appeal will be allowed to be present only while they present such information.
6. Failure of the claimant to appear at the fair hearing shall result in the denial of the claimant's appeal.
7. The hearing should be conducted informally, with information used as documentation being made available to the claimant.
8. The hearing panel shall render its decision within seven (7) days from the date of the hearing.
9. If the applicant is not satisfied, they may request in writing within (5) working days from the date of the fair hearing letter, a second and final hearing before the Tribal government designee.
10. The final decision will be made within (10) working days. The applicant will be notified by mail.
11. Minutes of the hearing and a copy of the decision shall be filed in the claimant's file.

_____ (initial) was informed and provided a copy of the Indian Township's fair hearing procedures.



INDIAN TOWNSHIP TRIBAL GOVERNMENT

BOX 301, PRINCETON, MAINE 04668 (207) 796-2301

HEAP ELIGIBILITY APPLICANT AGREEMENT

The Federal HEAP (Home Energy Assistance Program) program assists qualified low-income households with low-income and high energy costs. The priorities for assistance are households with **SENIORS, DISABLED PERSONS**, and households with **CHILDREN FIVE and UNDER**. The chart below shows the gross income guidelines for this program.

2027 MONTHLY GROSS INCOME GUIDELINES

HOUSEHOLD SIZES	MONTHLY GROSS INCOME
1	\$3173
2	\$4149
3	\$5125
4	\$6101
5	\$7077
6	\$8053

Please remember HEAP is not an entitlement program. Applicants are encouraged to work out payment plans with their utility company during the winter months. Please also keep all windows and doors closed to prevent unnecessary heat loss.

I understand and have read the above.

Signature

Date

EASTERN MAINE ELECTRIC CO-OPERATIVE -UTILITY ASSISTANCE PROGRAM

Date of Application: _____

Cap Agency: Indian Township

Name of HEAP Applicant: _____

Name of ELECTRIC Account: _____

EASTERN MAINE ELECTRIC Account Number: _____

Mailing Address:

Telephone Number: _____

Percentage of FEDERAL POVERTY Guidelines: 75% 125% 150% 170%

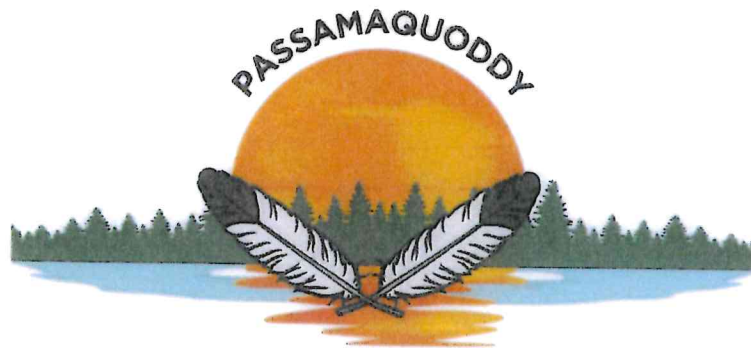
I HEREBY GIVE PERMISSION TO THE CAP AGENCY AND EASTERN MAINE ELECTRIC TO SHARE ANY INFORMATION THAT MIGHT BE DEEMED NECESSARY TO PROCESS THIS APPLICATION.

Date

Signature of Applicant

Date Authorized

Authorized by – Cap Agency Representative



INDIAN TOWNSHIP TRIBAL GOVERNMENT

BOX 301, PRINCETON, MAINE 04668 (207) 796-2301

Date: _____

To: LIHEAP Office

County/State: _____

I, _____, certify that I reside at:

Street Address: _____

City: _____ State: _____ Zip code: _____

I have lived at this address since: _____.

I understand that providing false information may result in denial of benefits and possible legal action. Under HEAP Rules, confirmed program abuse or failure to respond to an overpayment investigation triggers specific

Administrative Actions:

- **Benefit Hold / Suspension:** Benefits can be frozen or placed on hold while an investigation takes place.
- **Denial of Assistance:** Applicants who submit false statements or withhold material facts can be disqualified from receiving HEAP aid.
- **Repayment of Overpayments:** Individuals or vendors who retain or use benefits improperly are legally required to repay the funds.

Legal and Criminal Penalties:

- **Civil Action & Restitution:** The state may pursue formal court action to recover misused funds with financial restitution.
- **Criminal Prosecution:** Severe or large-scale fraudulent misrepresentation in public assistance programs can lead to criminal charges such as theft by deception, carrying potential fines and incarceration under Maine criminal statutes.

Signature: _____

Date: _____

Printed Name: _____

Notary Signature: _____

Date: _____

Expiration Date: _____