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:** Please sign, Print, and Date.
- **Page 4:** 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 5:** Please sign and Date.
- **Page 6:** 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
  - 2023 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

OFFICE USE ONLY

Checklist for LIHEAP applicants

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

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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
- ☐ Kerosene
- ☐ Gas/Propane
- ☐ Electric
- ☐ Wood
- ☐ 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: _____

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

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.

Chief
William Nicholas Sr.

Vice Chief
Joseph Socobasin

Tribal Representative
Aaron Dana

Tribal Council
Matthew Dana II
Russell Lola
Wade Lola
Alex Nicholas I
Richard Sabattus
Roger Socobasin

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.

2026 MONTHLY GROSS INCOME GUIDELINES

HOUSEHOLD SIZES	MONTHLY GROSS INCOME
1	$2,820
2	$3,764
3	$4,708
4	$5,652
5	$6,596
6	$7,540

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