



Hoh Indian Tribe

P.O. Box 2196 • FORKS, WASHINGTON 98331
TELEPHONE (360) 374-6582 • FAX (360) 374-5426

2016 APPLICATION for Hoh River Indian Tribe

LIHEAP ELIGIBILITY REQUIREMENTS AND CONDITIONS:

- 1) Applicant's primary residence must be in the Hoh River Indian Tribe's service area.
- 2) The utility service must be in the applicant's name.
- 3) Applicant's total combined household income must be at or below 125 percent of the federally established poverty level.
- 4) An annual reapplication is necessary to maintain eligibility.
- 5) A household may receive only one discount, either Senior or Disabled.
- 6) INCLUDE A 12 MONTH BILLING ABSTRACT FROM YOUR LOCAL UTILITY
- 7) FILL OUT THE RELEASE OF INCOME FORM ATTACHED

Is your primary residence served by the Clallam PUD District?

Yes ___ No ___

Have you received ANY OTHER LIHEAP ASSISTANCE in the past 12 months?

NO/ YES _____ Amount _____ Service Provider _____

Are you or any other person living in your household, currently receiving a PUD Senior or Disabled Citizen Discount? Yes ___ No ___

Please provide the applicants information

PLEASE PRINT:

Name _____

Birth Date: _____

Address _____

Driver's License or Tribal ID: _____

Phone No: _____

Social Security No: _____

PUD Account No: _____

Number of Persons in the Household _____

Please provide the following information for all members of the household

PLEASE PRINT:

Name _____

Birth Date: _____

Address _____

Driver's License or ID: _____

PLEASE PRINT:

Name _____

Birth Date: _____

Address _____

Driver's License or ID: _____

PLEASE PRINT:

Name _____

Birth Date: _____

Address _____

Driver's License or ID: _____

PLEASE PRINT:

Name _____

Birth Date: _____

Address _____

Driver's License or ID: _____

PLEASE PRINT:

Name _____

Birth Date: _____

Address _____

Driver's License or ID: _____

PLEASE PRINT:

Name _____

Birth Date: _____

Address _____

Driver's License or ID: _____

Please use the back of this form for additional household member's information.

BASED ON TOTAL ANNUAL HOUSEHOLD INCOME

In order to process your application for HTBC-sponsored programs in a timely manner, it will be necessary to supply additional income information. This information is strictly confidential and will be used for the sole purpose of verifying eligibility for participation in HTBC-sponsored programs.

TOTAL ANNUAL HOUSEHOLD INCOME: This includes combined income of applicant and spouse or co-tenants living in the household. Please give the total amount for each item in the 12-month period. An income information sheet to assist in identifying what qualifies as income will be provided upon request.

- Unemployment Compensation \$ _____
- Pensions & Annuities Retirement Benefits \$ _____
- Salary & Wages \$ _____
- Social Security Benefits \$ _____
- DSHS Benefits \$ Interest and Dividends \$ _____
- L&I Benefits \$ _____
- Per Capita \$ _____
- Other \$ _____

TOTAL ANNUAL HOUSEHOLD INCOME _____

Verification of Disability:

Customers who receive Supplemental Security Income (SSI) from the U.S. Department of Human and Health Services or the State of Washington General Assistance-Unemployable (GA-U) Program due to a disability may call 1.877.980.9180 or 360.565.2180 and request a copy of their eligibility verification. The verification will be sent directly to the customer and a copy must be attached to the customer's Application for Disabled Citizen Discount.

Customers who qualify for special parking privileges may provide the HTBC with their parking permit number, plate number or decal number. This information will then be verified by the District through the Disabled Parking Office in Olympia.

NOTE: Any customer who has applied for a Senior or Disabled Citizen Discount and who has received a Notice of Ineligibility from the District has the right to request, in writing within ten (10) days of receiving such notice, a review of the District's decision. The District's Hearing Officer shall review the decision within thirty (30) days of receipt of the request.

INSTRUCTIONS: Fill out the entire application; along with the income worksheet and release of income form (attach copies of supporting documents for each amount you have listed). Return all paperwork to the HTBC LIHEAP office.

I hereby certify that the above information is true and correct to the best of my knowledge. I agree to provide the requested documentation to the LIHEAP Program Manager.

It is my understanding that any discounts offered by the LIHEAP Program are for residential use only and will be given as a onetime credit on my monthly billings. I further understand that a fraudulent application for any discount will result in my immediate removal from participation in the program as well as a maximum of one year's discount charged to my account.

DATE _____

SIGNATURE _____

-----FOR OFFICE USE ONLY-----

- 1) Processed by _____ Disapproved ___ Approved ___
Rate _____ Date _____ Time: _____
- 2) Disabled Discount Application _____
- 3) Calculation WORKSHEET Attached _____
- 4) Benefit Amount _____

5) Circle the Type of Benefit: REGULAR CHRISIS LIFE THREATING
CHRISIS

6) No duplication of services are permissible by LIHEAP, please include other LIHEAP Grantees contact name and number and the time you spoke to OLY CAP/ Tribal TANF Services.

- 1. OLYCAP FORKS (360)-374-6193 _____
- 2. QUILEUTE TANF (360)-374-4306 _____

Size of family unit	125 Percent of Poverty
1	\$14,588
2	\$19,663
3	\$24,738
4	\$29,813
5	\$34,888
6	\$39,963
7	\$45,038
8	\$50,113



HOH INDIAN TRIBE

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Forks WA 98331
PH: (360) 374-6582 • FAX: (360) 374-5426

Maria S. Lopez – Chairwoman
Lisa Wright – Vice Chairman
Lisa Martinez – Secretary
Dave Hudson Sr. – Treasurer
Bernard Afterbuffalo.–Member
Walter Ward – Member
Melvinjohn Ashue – Member

Catherine Edwards – Executive
Director

Name: _____

Enrollment Number: _____

I authorize the Hoh Tribal Accounting Department to release an income verification for my Per Capita Income and/or Employment income to LaToya Hudson of the Hoh Tribal LIHEAP PROGRAM and/or CCDF Program.

3 month income 6 month income 1 year income

Other (specify)

Contact Information for the person Income is released to:

Name: LaToya Hudson

Phone: 360-374-4284

Email: latoya.hudson@hohtribe-nsn.org

Address: PO BOX 2196

Forks, WA 98331

Fax: 360-374-5426

Signed _____

Date _____