



# 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

P.O. Box 2196  
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 \_\_\_\_\_