



HOH INDIAN TRIBE

P.O. Box 2196

Forks WA 98331

PH: (360) 374-5423 • FAX: (360) 374-2421

LIHEAP APPLICATION

Eligibility Requirements and Conditions

1. Applicant's primary residence must be in the Hoh Indian Tribe's service are.
2. The utility service **must** be in the applicant's name.
3. Applicant's **total** combined household income must be at or below 125% of the Federally Established Poverty level.
4. An annual reapplication is necessary to maintain eligibility.
5. A household may receive only **1** discount, either Senior or Disabled.
6. A **12** Month billing abstract from your local utility company
7. Fill out the **Release of Income** from attached

Is your primary residence served by the Clallam County 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: _____

DOB: _____

Address: _____

Driver's License and/or Tribal ID: _____

Phone No. _____

Social Security No. _____

PUD Account # _____ Number of persons in the household _____

Please provide the following for all members of the household. Please Print.

1. Name: _____

DOB: _____

Driver's License or ID# _____

2. Name: _____

DOB: _____

Driver's License or ID# _____

3. Name: _____

DOB: _____

Driver's License or ID# _____

4. Name: _____

DOB: _____

Driver's License or ID# _____

5. Name: _____

DOB: _____

Driver's License or ID# _____

6. Name: _____

DOB: _____

Driver's License or ID# _____

BASED ON TOTAL ANNUAL HOUSEHOLD INCOME

This includes combined income of applicant and spouse or co-tenants living in the household. Please give the total amount in 12-month period.

Unemployment Compensation \$ _____

Pension & Annuities Retirement Benefits \$ _____

Salary & Wages \$ _____

Social Security \$ _____

DSHS Benefits \$ _____

L&I Benefits \$ _____

Per Capita \$ _____

Other \$ _____

TOTAL ANNUAL HOUSEHOLD INCOME \$ _____

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 Front Office or fax to 360.374.5426.

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.

Signature

Date