



Hopland Band of Pomo Indians

Low Income Home Energy Assistance Program APPLICATION CHECKLIST

Applications are available at the front desk of the Tribal Administration Building
or in the Health & Social Services Department.

REQUIRED DOCUMENTS:

- Completed Application
- Proof of Applicant's Tribal Membership
- Applicant's Government Issued ID Card
- Applicant's Social Security Number
- Verification of household members
- For all adults: Proof of Income (past 30 days) (i.e. Payroll Stub, SSI/SSP/SSA, GA/GR, TANF, Unemployment, Other, award letters, bank statement)
- Copy of Energy Bill

Staff will use your net income to determine eligibility. Priority will be given to households with elderly, young children or disabled residents. Applications may take up to four weeks to process. All requests for crisis services will be processed within 24 hours, and within 12 for life threatening crises. The application and all supporting attachments must be complete.

Return completed applications to the Tribal Office, or by e-mail to gcarrillo@hoplandtribe.com

2020-2021 INCOME GUIDELINES

FAMILY SIZE	ANNUAL INCOME (MAXIMUM)	FAMILY SIZE	ANNUAL INCOME
1	\$18,735	5	\$45,255
2	\$25,365	6	\$51,885
3	\$31,995	7	\$58,515
4	\$38,625		



HOPLAND BAND OF POMO INDIANS

LIHEAP Policies and Procedures

The Hopland Band of Pomo Indians (HBPI) Low Income Energy Assistance Program (LIHEAP) Policies and Procedures establish the service priorities for the tribe to follow. These priorities are set to assure, to the greatest extent possible, that the limited amount of LIHEAP funds allocated to the tribe serve the neediest tribal members.

Given the limited amount of LIHEAP funds available to each tribe annually, there may be some members that do not receive program assistance, even though they meet the eligibility guidelines. However, if you believe your application for services has been denied or not acted upon with reasonable promptness (more than 4 weeks), you have the right to appeal the action.

The procedures described below outline the steps to follow if an applicant for LIHEAP services believes they have been inappropriately denied services or their application has not been acted on in a timely manner:

1. File a formal written complaint to the HBPI Tribal Administrator within ten (10) business days of the incident or incidents leading to the complaint. The written complaint must include: a description of the incident(s) provoking the complaint; a record of any attempt you have made to informally resolve the matter; reasons for pursuing the complaint; and your desired resolution of the alleged problem.
2. Within five (5) business days of the receipt of the formal written complaint the HBPI Tribal Administrator will provide to all parties involved a written determination regarding his/her findings in the matter.

Any applicant requesting an HBPI-LIHEAP appeal may do so by writing to: HBPI-LIHEAP APPEAL REQUEST, 3000 Shanel Rd Hopland, CA 95449. Further information on the appeal process may be requested via phone at 707-472-2100; however all formal appeal requests must be submitted in writing.



Hopland Band of Pomo Indians

SUMMER APPLICATION

[] ATTACH PG&E SHUT-OFF NOTICE, if no shut-off notice, explain need: _____

Do you have a working swamp cooler or air conditioner? YES NO

APPLICANT

FIRST NAME	LAST NAME	TELEPHONE
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MAILING ADDRESS	CITY, STATE ZIP
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PHYSICAL ADDRESS	CITY, STATE, ZIP
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	MEMBERSHIP NO.
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HOUSEHOLD MEMBERS

NAME (Last, First, Middle)	RELATIONSHIP (Son, Daughter, Spouse, Etc.)	DATE OF BIRTH (mm/dd/yyyy)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

ATTACH ADDITIONAL PAGES IF NECESSARY

INCOME

For all household members over the age of 18, please list all income for the past 30 days below, and attach proof. Income sources may include: employment, child support, elderly assistance, retirement, unemployment, SSI, Social Security, TANF, SSDI, etc.

DATE RECEIVED	WHO RECEIVED?	AMOUNT?	INCOME SOURCE?	GROSS/NET?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER

Are any household members over the age of 60 years?

NO YES, list who: _____

Are any household members disabled or handicapped?

NO YES, list who: _____

Has the household applied for energy assistance from any provider in the last 12 months?

NO YES, list when, where, amount received (if any): _____

I certify, by signing this application, that all information given is true and accurate. I authorize the Hopland Band of Pomo Indians to verify all statements on my application. I am aware that giving false information is subject to criminal penalties and denial of the application.

APPLICANT SIGNATURE

DATE



Hopland Band of Pomo Indians

Low Income Home Energy Assistance Program

NO INCOME AFFIDAVIT

Please complete an affidavit for each person in the household over the age of 18, without employment or any income source.

I, _____, CERTIFY THAT:
PRINT NAME

- ✓ I AM CURRENTLY UNEMPLOYED AND/OR NOT RECEIVING ANY BENEFITS OR INCOME
- ✓ MY LAST EMPLOYER WAS: _____ AND MY LAST DATE OF EMPLOYMENT WAS _____ AND AM NO LONGER EMPLOYED BECAUSE _____
- ✓ ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- ✓ I AM AWARE THAT THE HOPLAND TRIBE MAY VERIFY MY STATUS WITH THE EMPLOYMENT DEVELOPMENT DEPARTMENT OR OTHER NECESSARY AGENCIES, INCLUDING MY PREVIOUS EMPLOYER.
- ✓ I ACKNOWLEDGE THAT SUCH INFORMATION IS SUBJECT TO VERIFICATION AND THAT FALSIFYING INFORMATION SHALL BE GROUNDS FOR DENIAL AND REMIBURSEMNT OF ANY FUNDS RECEIVED FROM THIS PROGRAM

SIGNATURE

DATE

WITNESS

DATE



Hopland Band of Pomo Indians

Low Income Home Energy Assistance Program RESPONSIBILITY STATEMENT

I, _____, reside at: _____
PRINT NAME STREET ADDRESS CITY, STATE ZIP

My utility bill is in the name of: _____

I am responsible for payment to _____
LIST ENERGY SOURCE (i.e. PG&E)

Do you own your home? YES NO

Do you pay your own heating costs? YES NO

Do you rent? YES NO

Does rent include payment for heat? NO YES, How much? _____

I certify that the information I provided is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution.

SIGNATURE

DATE

WITNESS

DATE