



Bishop Paiute Tribe Low-Income Home Energy Assistance Program (LIHEAP) Application

Funding Guidelines:

- Bishop Paiute Tribe LIHEAP Applicants can only receive service benefits from (1) agency at a time. (i.e., applicants cannot receive duplicate services from IMACA, Inyo County or other related agency services).
- Applicants must reside on the Bishop Paiute Tribe Reservation.
- Applicants must be enrolled in a Federally Recognized Tribe (verification must be submitted with your application).

Required Documents:

- Photo Identification (Driver's License, State ID or Tribal ID).
- Tribal Enrollment Verification.
- Social Security Cards for all household members.
- Proof of residency (Utility Bill or Lease Agreement in applicant name).
- Current Energy Bill.
- Income Verification (30 days).
- Disconnection Notice (If applying for crisis assistance).
- Passport to Services: Inyo County (Passport must be emailed and/or faxed to Intake Staff).



Applicant Information:

Name: _____

Date of Birth (MM/DD/YY): ____/____/____ Age: _____

Social Security Number: ____-____-____

Tribal Affiliation: _____

Tribal Enrollment #: _____

Physical Address: _____

City, State, Zip Code: _____

Phone #: () ____-____ Message Phone #: () ____-____

Email Address: _____

Housing Information:

Type of Housing (Check One)

- Own Home
- Rent
- Tribal Rental
- Mobile Home
- Other: _____

If renting, provide the name and contact for your current landlord.

Landlord Name: _____

Landlord Contact #: () ____-____

Monthly Rental Amount: \$ _____



Household Members:

NAME	RELATIONSHIP	DATE OF BIRTH	SSN#	Tribal Member (Y/N)

Household Demographics:

Check all that apply

- Elder (60+)
- Disabled
- Children under the age of 5

Household Income:

NAME	INCOME SOURCE (Employment, SSI, TANF, ETC.)	MONTHLY AMOUNT



Other Household Benefits Received:

- CALFRESH
- TANF
- WIC
- Disability
- Unemployment
- Veteran Benefits
- Child Support
- None

Energy Assistance Requested:

Energy Type (Check all that apply)

- Electric
- Gas/Propane
- Wood
- Other: _____

Utility Company: _____

Account #: _____

Are you currently subject to a disconnection notice and/or currently disconnected? _____

Certification: I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false information may result in denial of services and/or repayment of services.

Applicant Name (Print): _____

Applicant Signature: _____

Date (MM/DD/YY): ____/____/____



**Bishop Paiute Tribe
Low-Income Home Energy Assistance Program
(LIHEAP)**

Release of Information

I, _____ (Name), authorize the Bishop Paiute Tribe to obtain and verify information to determine the eligibility of my Low-Income Home Energy Assistance Program (LIHEAP) application.

I understand that this authorization allows the Bishop Paiute Tribe to contact and request information from the following agencies and/or organizations:

- Utility Companies (Propane, Gas, Electric, etc.)
- Employers
- Tribal Programs/Departments
- Housing Authorities
- Social Security Administration
- State of Federal Assistance Programs
- Iny County Health & Human Services and/or related agencies

Information that may be verified includes but is not limited to:

- Household Income
- Utility Account status and/or billing information
- Residency and housing status
- Verification of services in other assistance programs

This information shall only be utilized for the sole purpose of obtaining eligibility for the Low-Income Home Energy Assistance Program (LIHEAP) program and will be kept confidential in accordance with the Bishop Paiute Tribe Confidentiality policies and applicable federal regulations. This authorization is valid for (1) annual year from the date of signature unless revoked in formal written correspondence by the applicant.

Applicant Name (Print): _____

Applicant Signature: _____

Date (MM/DD/YY): ____/____/____

