LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

SNOQUALMIE TRIBE APPLICATION FORM FY 10/01/2025 - 09/30/2026

Certain information requested on this form is covered by the Right of Privacy Act. However, this information is necessary to process your application. **ALL questions must be answered.**

HEAD OF HOUSEHOLD NAME: _____
Last **First** **M.I.**

HOUSEHOLD INFO: **How many? (Please use numbers)**

TOTAL NUMBER OF PERSONS IN HOUSEHOLD: _____ Male _____ Female _____

TOTAL NUMBER OF NATIVE MEMBERS: _____ ****** Ages (Please use numbers)******

TRIBAL AFFILIATION: _____ 0-2 _____ 3-5 _____

TRIBAL ID# (Head of Household):_____ 6-18 _____ 19-59 _____

60+_____

Is any member of the household over 60, under 6 or disabled? Yes _____ No_____

MAILING ADDRESS OF HOUSEHOLD

_____
Mailing Address

_____ _____
City/State **Zip Code**

_____ (_____)_____
County **Home Phone**

PHYSICAL ADDRESS (if different)

_____
Physical Street

_____ _____
City/State **Zip Code**

(_____)_____
Cell Phone

WHAT IS THE **TOTAL GROSS MONTHLY INCOME (INCLUDE COPY)** RECEIVED BY ALL MEMBERS OF YOUR HOUSEHOLD FROM THE FOLLOWING SOURCES:

Employment	$ _____	IF PART TIME _____/(HRS PER MONTH)	
TANF	$ _____	Industrial Comp.	$_____
Social Security	$ _____	Pension/Retirement	$_____
SSI	$ _____	Unemployment Comp.	$_____
Veterans Benefits	$ _____	Other	$_____

TOTAL GROSS MONTHLY INCOME $_____

(COPY REQUIRED)

DO YOU RECEIVE FOOD STAMPS? YES ___ NO ___

HOUSING STATUS: RENT ____ OWN HOME ____ OTHER _____

WHAT IS YOUR MAIN FUEL TYPE? Electric _____ Natural Gas _____ Oil _____ Other _____

(INCLUDE COPY OF BILL)

-OVER-

-CONTINUED-

HOUSEHOLD MEMBERS:
Print the information requested for each household member, including yourself first. People who live and eat with you should be listed as household members. You will need to include the social security number of each member of your household; this will help us to identify your household correctly. These social security numbers will be used in the application process, program reviews or audits to make sure your household is eligible for the Low Income Home Energy Assistance Program (LIHEAP). We are authorized to ask for this information under the Tax Reform Act of 1976.

REQUIRED INFORMATION FOR ALL MEMBERS IN HOUSEHOLD: (Head of Household, enter on line 1)

NAME(S) **SS #** **DATE OF BIRTH**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

I understand that I have the right to ask for and receive a fair hearing if my application is denied, neither approved nor denied within 30 days of application, payment is less than I think I am eligible for, or if the payment changes in amount or timing after I receive my notice of award.

If you suspect fraud of any kind with the Low Income Home Energy Assistance Program; please report it immediately to either your tribal representative below; or to the Small Tribes Organization of Western Washington (1-800-567-6690 x 236) for further investigation.

I ALSO CERTIFY THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM SIGNING THIS APPLICATION UNDER PENALTY OF CRIMINAL PROSECUTION IF I KNOWINGLY GIVE FALSE INFORMATION WHICH RESULTS IN PAYMENT TO WHICH I AM NOT ENTITLED.

APPLICANT'S SIGNATURE _____ DATE: _____

TRIBAL APPROVAL _____ DATE: _____

Please return completed application, with the required verification of income(s), and current heating bill to:

Snoqualmie Energy Assistance Program
Snoqualmie Tribe
P.O. Box 969
Snoqualmie, WA 98065

LIHEAP Feedback
Any suggestions or comments for our energy assistance program

_____
_____
_____
_____