

**PLEASE INCLUDE THE FOLLOWING ITEMS FOR YOUR APPICATION:**

1. Copy of Tribal card, social security cards for each member of household, and picture ID (if not on tribal card)
2. Past 30 days income. If no income, please fill out -0- income form for each household member that is not at student over the age of 18 and not working.
3. Copy of heating bill.

If this is for the Emergency component also include:

1. Shut-off notice from vendor.
2. Denial letter from FIA or your local Community Action.

If you have any questions, please call your local tribal outreach worker or Kim Nystrom at 906-632-6896, ext. 114.

**Tribal Outreach workers:**

<p><b>Benjamin Tenny Huron Potawatomi 1474 Mno-bmadezewen Way Fulton, MI 49052 1-269-729-4422</b></p>	<p><b>Helen Sagataw Hannahville Indian Community N-14910 Hannahville B-1 Rd. Wilson, MI 49896 1-906-466-9231</b></p>
<p><b>Betty Edwards Lac Vieux Desert Indian Tribe Box 249, Choate Rd. Watersmeet, MI 49969 1-906-258-4940</b></p>	<p><b>Little Traverse Bay Bands - Social Services 7500 Odawa Circle Harbor Springs, MI 49740 1-231-242-1635</b></p>
<p><b>Kris Schwiderson - LIEAP Program Bay Mills Indian Community 12497 W. Lakeshore Dr. Brimley, MI 49715 1-906-248-2527</b></p>	<p><b>Saginaw Chippewa Indian Tribe - Social Services 7070 E. Broadway Mt. Pleasant, MI 48858 1-989-775-4025</b></p>
<p><b>Leslie Pigeon Gun Lake Tribe P.O. Box 306 1743 142<sup>nd</sup> Ave. Dorr, MI 49323 1-616-681-0360</b></p>	

**INTER-TRIBAL COUNCIL OF MICHIGAN, INC.  
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)  
FY 2012 APPLICATION**

<b>Name:</b>		<b>Age:</b>	<b>Date:</b>
<b>Address:</b>		<b>Birthdate:</b>	<b>Social Security #:</b>
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone #:</b>

**TRIBAL MEMBER OF:**

Bay Mills Indian Community     
  Lac Vieux Desert     
  Saginaw Chippewa Tribe  
 Hannahville Indian Community     
  Little Traverse Band     
  Huron Potawatomi Tribe  
 Gun Lake Tribe

**OTHER HOUSEHOLD MEMBERS:**

Name	Age	Birthdate	Social Security #
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Have you applied for assistance this year (October 1, 2011-September 30, 2012)? Yes      No

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\*

**(For office use only)**

**INCOME: Documentation must be provided for all income.**

Name	Income Source Code	Past 30 Days Income	X 12 = Annualized Income

**INCOME SOURCE CODES: (Please Circle)**

1. SS                      2. Wages                      3. SSI                      4. Self Employment                      5. Unemployment  
 6. DHS                      7. GA                      8. Pension/Retirement                      9. Other \_\_\_\_\_

Are any household members handicapped? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ If you rent, is heat included? \_\_\_\_\_

What types of fuel do you use to heat your home? Check all that apply.

1. Oil \_\_\_\_\_ 3. Natural Gas \_\_\_\_\_ 5. Electric \_\_\_\_\_ 7. Other \_\_\_\_\_

2. Wood \_\_\_\_\_ 4. Propane \_\_\_\_\_ 6. Coal \_\_\_\_\_

\*\*\*\*\*  
YOU MUST PUT ACCOUNT NUMBER AND VENDOR=S ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.

What vendor do you want as the Endorser? \_\_\_\_\_

Address: \_\_\_\_\_

Acct.#: \_\_\_\_\_

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\*

\$I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.

\$I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.

\$I understand that failure to provide all necessary information and documentation can result in denial of my application.

**\$I hereby authorize the release of information by the appropriate agencies to the Inter-Tribal Council of Mich. for the purpose of verifying information needed to establish eligibility for the program.**

\$I understand that I may request a hearing if I disagree with action taken on this application.

\$I understand that I have a right to a hearing if I do not receive a decision notice within that time.

**\$I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.**

\_\_\_\_\_  
APPLICANT=S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LIEAP WORKER SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*  
**REFERRALS:** Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company.

**Contact them for more information on:**

- Weatherization
- Home Heating Tax Credit
- Emergency Needs
- Energy Audit
- Utility Shut-off Protection

**\$I understand that a decision will be made concerning my application, and a decision notice will be issued within ten (10) working days upon receipt of application by Program Manager.**