

**NCIDC LIHEAP/LIHWAP APPLICATION: Contact Information**

**Client Name**

**Tribal Affiliation**

**Residential Address**

**Mailing Address**

**Household Home Phone**

**Mobile Phone**

**Email Address**

**Household Demographics**

**Household Type (√ one)**

- Single Parent Household
- 2 Parent Household
- Single Person In Household
- 2 Adults No Children
- Other
- Non-Related Adults with Children
- Multi-Generational Household

**Housing Type (√ one)**

- Own
- Rent
- Homeless
- Other Permanent Housing

**Reservation/Rancheria Resident (√ one)**

- Yes
- No

**Housing Subsidy Type (√ one)**

- Housing Choice Voucher
- HUD-VASH
- Permanent Supportive Housing
- Public Housing
- Other Subsidy Type
- None

**# in Household:**

**Language Proficiency (√ one)**

- Beginner Lower Level
- Intermediate
- Advance/Fluent

**Person Demographics**

**SSN**

**BirthDate**

**Head Of Household (√ one)**

- Yes
- No

**Gender (√ one)**

- Male
- Female
- Non-Binary
- Not Listed

**Race (√ one)**

- Amer. Indian/Alaskan. Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Multi-Race
- Other

**2nd Race (√ one)**

- Amer. Indian/Alaskan. Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Multi-Race
- Other

**Ethnicity (√ one)**

- Hispanic, Latino or Spanish Origins
- Not Hispanic, Latino or Spanish Origins

**Disabling Condition (√ one)**

- Yes
- No

**Work Status (√ one)**

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Farm Worker
- Unemployed (6 months or less)
- Unemployed (More than 6 months)
- Unemployed (Not in Labor Force)
- Retired

**Primary Health Insurance Source (√ one)**

- Direct Purchase
- Medicare
- Medicaid
- None
- State Children's Health Insurance
- State Health Insurance for Adults
- Military Health Insurance
- Employment Based

**Secondary Health Insurance Source**

- Direct Purchase
- Medicare
- Medicaid
- None
- State Children's Health Insurance
- State Health Insurance for Adults
- Military Health Insurance
- Employment Based

**Education Level (√ one)**

- Up to 8th Grade
- Up to 12th Grade
- High School Grad
- GED
- Any schooling beyond high school
- College Graduate, 2 or 4 Year
- Graduate of Other post-secondary school

**Military Status (√ one)**

- Active Military
- Veteran
- Not Veteran or Active Military

**All Household Members Demographics (Required. Please Write Clearly.)**

First and Last Names	Date of Birth	Race	Gender
<i>Example Name</i>	<i>1/1/2000</i>	<i>American Indian</i>	<i>Male</i>

**Household Income**

**Please mark numbers of people for each category (No Check Marks)**

- Senior Citizen ( Over age 62)
- Disabled ( receiving SSI)
- Child(ren) age five or under
- Energy Burden exceeds 20%
- Six or more individuals

**Income Sources (√ all that apply)**

- No Income
- Alimony/Spousal Support
- Child Support
- Private Disability Insurance
- EITC
- CA/Tribal TANF
- Odd Jobs
- Other
- Pension (IRA/401k)

- Self-Employment
- Soc. Security Retirement
- Soc. Security Disability Income (SSDI)
- Supp. Security Income (SSI/SSP)
- Unemployment
- VA Service-Connected Dis. Comp
- VA Non-Service-Connected Dis. Pension
- Wages
- Worker's Compensation

**Non-Cash Benefits (√ all that apply)**

- Affordable Care Act (ACA) Subsidy
- Childcare Voucher
- LIHEAP
- SNAP/ FOODSTAMPS
- WIC
- Other (Such as commodities)
- None

**CSBG Eligibility Guidelines and Determination**

**Check Box for Program**

- LIHEAP
- LIHWAP

Recommended Amount for each bill/wood	Name of Vendor
2 \$	
1 \$	
3 \$	

CERTIFICATION: By signing this document I am certifying that all information provided orally and on this application form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program in which I am participating and may result in prosecution. If any of the information, including but not limited to income, changes after signing this form, I will promptly report such changes. The Northern California Indian Development Council is authorized to release pertinent information contained herein for verification of eligibility.

**Applicant:**

**LIHEAP Coordinator:**

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**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_