

# **ATTENTION TRIBAL MEMBERS**

## **THE LIEAP PROGRAM**

**Is now available**

**THE FOLLOWING ITEMS MUST BE PROVIDED TO  
RECEIVE ANY ASSISTANCE:**

- 1. A COPY OF TRIBAL CARD OF THE APPLICANT, SOCIAL SECURITY CARDS FOR EACH MEMBER OF THE HOUSEHOLD**
- 2. PAST 30 DAYS INCOME. ALL INCOME MUST BE PROVIDED! IF NO INCOME A “0” INCOME MUST BE FILLED OUT FOR EACH HOUSEHOLD MEMBER THAT IS OVER THE AGE OF 18 AND NOT WORKING!**
- 3. COMPLETE COPY OF ITEMIZED ENERGY BILL**

**YOU MUST CALL AND SCHEDULE AN APPOINTMENT. CALL JASON PARKER OR KRIS SCHWIDERSON AT 248-2527 OR 248-2528**

**IF YOU DO NOT ALL INFORMATION REQUIRED YOUR APPOINTMENT WILL CANCELLED AND YOU WILL HAVE TO RESCHEDULE FOR ANOTHER DAY**

**PLEASE READ CAREFULLY!!! You must be the custodial parent or have 51% of custody to claim child(ren)**

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

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

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

\_\_\_\_\_ Oil                      \_\_\_\_\_ Natural Gas                      \_\_\_\_\_ Electric                      \_\_\_\_\_ Wood

\_\_\_\_\_ Propane                      \_\_\_\_\_ Fire Wood                      \_\_\_\_\_ Wood Pellets                      \_\_\_\_\_ Other

**IMPORTANT: You must provide an account number and vendor(s) address. The check will be sent directly to the vendor(s)**

**Vendors Name:** \_\_\_\_\_

**Vendors Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

- 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.
- 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.

APPLICANT'S SIGNATURE	DATE	LIEAP WORKER SIGNATURE	DATE
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**REFERRALS:** Your household may be eligible to receive assistance through the list of programs offered by your local DHHS, Community Action Agency, and/or utility company.

**Contact them for information on:**

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

**INTER-TRIBAL COUNCIL OF MICHIGAN, INC.  
 LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)  
 BAY MILLS INDIAN COMMUNITY  
 APPLICATION – FY2025**

<b>NAME:</b>	<b>AGE:</b>	<b>PHONE #:</b>
<b>ADDRESS:</b>	<b>DATE OF BIRTH:</b>	<b>SOCIAL SECURITY #:</b>
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>

**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, 2024 – September 30, 2025) \_\_\_Yes \_\_\_No

**\*FOR OFFICE USE ONLY.**

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

NAME:	INCOME SOURCE CODE	PAST 30 DAYS INCOME	X12 = ANNUALIZED INCOME

**INCOME SOURCE CODE:**

- |                    |                       |                 |
|--------------------|-----------------------|-----------------|
| 1. SS              | 5. Unemployment       | 9. Other: _____ |
| 2. Wages           | 6. DHHS               |                 |
| 3. SSI             | 7. Pension/Retirement |                 |
| 4. Self Employment | 8. General Assistance |                 |

## “0” Income Form

To determine your eligibility for the Low Income Energy Assistance/USDA Food Distribution Program you must furnish proof of all household income for the past 30 days prior to the date of your application.

If you had “0” income for the last 30 days, you must answer the following:

What was your income for the last three (3) months? (Amount, Source of income for all household members 18 years of age or older)

Name	Source	Amount

1. If you have utility bills, how do you pay them?

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2. How do you pay rent?

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3. How do you get food for your household?

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I hereby certify that the information detailed above represents my household’s circumstances. The income listed is the total household income for each household member 18 years of age or older.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Outreach Worker/Program Director

\_\_\_\_\_  
Date