

THE CONFEDERATED SALISH & KOOTENAI TRIBES
DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
PO BOX 278, PABLO MT 59855
406-675-2700 EXT. 1371 FAX: 406-226-2566 **FY-26**

A Fiscal Year 2026 Heating Assistance LIHEAP application is enclosed. You must complete and submit all required documentation to ensure timely review of applications. The fuel season will be from **November 1, 2025 to April 30, 2026** contingent upon availability of funds. After that date, applications will NOT be accepted and funding will NOT be available so please budget accordingly.

If you need assistance with your application, you can always reach us at the LIHEAP office in Pablo.

It is important to attach all income verification and complete the application in its entirety. The new fuel season does not start until **November 1, 2025 so funds will not be available until after that date.** Remember, it is your responsibility to pay your bill until your fuel vendor receives your LIHEAP check. **Please keep in mind that LIHEAP has up to twenty (20) business days (CSKT DHRD defines business days as Monday-Thursday) to determine eligibility of an applicant.**

APPLICANT CHECKLIST:

- _____ Proof of all monthly gross income for all household members regardless of age or relationship (e.g. wage stub, food stamp verification, TANF, GA, workman's comp, unemployment, school funding)
- _____ Copy of current award letter if receiving Social Security, Supplemental Security Income, Retirement, or Veterans Benefits **OR** bank statement showing deposit.
- _____ Copy of most recent Electricity bill.
- _____ Letter of Service from oil/propane vendor that includes your balance & acct number
- _____ Proof of residency. If your electricity bill is in your name, that will suffice.

IF YOU ARE A FIRST TIME APPLICANT PLEASE SUBMIT THE FOLLOWING
OR IF SOMEONE NEW HAS MOVED INTO YOUR HOUSEHOLD:

- _____ Proof of Ownership of home or Rental Agreement
- _____ Copy of Social Security Cards for ALL HOUSEHOLD MEMBERS
- _____ Copy of tribal enrollment verification and/or enrollment card
- _____ Copy of Birth Certificates for ALL HOUSEHOLD MEMBERS

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED

NOTICE

LIHEAP FAIR HEARING

APPEALS PROCESS:

- An applicant has the right to appeal and receive a fair hearing if the applicant believes a decision on their eligibility for LIHEAP benefits is incorrect or unreasonably delayed. A request for a fair hearing must be in writing and addressed to the LIHEAP Manager. The applicant is required to request a fair hearing within 10 working days of the mailing of the adverse action. A second appeal may be made to the DHRD Department Head if the issue is not resolved.
- All assistance denials will be written and mailed a letter to the address on record with the reason for denial. The applicant will write a letter of appeal within 10 days of the date of action. The first meeting will be held with LIHEAP staff and the affected applicant. A second appeal may be made to the DHRD Department Head if the issue is not resolved.
- Applicants are informed at the time of application of their rights. There is a section on the application advising applicants of their rights. There are flyers posted in the LIHEAP office as well and at the public hearing.

For more information, contact Michaellynn E. Alvarez, LIHEAP Program Manager, at (406) 675-2700 extension 1371.

Confederated Salish & Kootenai Tribes
Department of Human Resource Development Low-Income Home Energy Assistance Program
(LIHEAP) HEATING FY 2026)

 Last Name, First MI Mailing Address (where mail is received) City State/ZIP

 Physical Address (where your home is actually located) Phone (number where we can reach you)

Household Members

All fields are required or application is considered incomplete

Last Name, First, Middle initial	Relationship to Head of House	Social Security # (Required)	CSKT tribal ID #	Birthdate	Age	Disabled Yes* / No
1.	Head/Self					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Provide requested information for all persons living in the house regardless of relationship. *Proof of disability is required.

(Disability defined @ 29 CFR 37.4

____ I am a 1st generation CSKT direct descendant (the head of house or spouse). My enrolled parents name is _____. I have attached documentation proving this statement.

Office Use only:

in Household: _____ Annual Income \$ _____ Percentile _____ % Award Amount \$ _____
 Vendor(s) 1 _____ 2 _____ 3 _____
 At least one household member who is: 60 Years or older _____ Disabled _____

Do you: ☐ Own \$ _____ ☐ Rent \$ _____

Number of bedrooms: ☐ One ☐ Two ☐ Three ☐ Four or more

Do you receive rental assistance? _____ ☐ Tenant Based Assistance (Section 8) ☐ SKHA Zero Rent ☐ Other: _____

☐ I rent from a landlord & therefore I am not required to complete the weatherization application.

If you rent: provide name, address and telephone number of your landlord:

Name/Company

Phone Number

Address

City, State, Zip

Are heating costs included in your rent payment? _____

Housing Type: (Please check one)

☐ Rent -Double-Wide Trailer, House; SKHA house # is: _____

☐ Rent -Apartment, Duplex, Tri-plex, Four-plex; SKHA unit # is: _____

☐ Rent -Singlewide Trailer

If you **own** your home/trailer, has it been weatherized? ☐ No ☐ Yes If yes, when? _____ How many bedrooms? _____

If you **own** your home/trailer do you have safe and adequate heat source? ☐ Yes ☐ No. If no, describe problem: _____

Type of Heating:

Which type of heat does your household use? (Please check all that apply)

☐ **Electricity** & my account number is _____ Account Holders Name: _____

If you are an MVP client are you on budget billing? ☐ Yes ☐ No

You must provide a copy of your most recent electricity bill listing your current balance due and account number.

If you are 62 or older, you qualify for a MVP senior discount (November – March only).

☐ **Oil #1** (tank outdoors) ☐ **Oil #2** (tank inside house) ☐ **Propane**

Name of your Oil/Propane vendor? _____ Name & Acct # _____

You must provide a copy of your most recent receipt for oil, propane or gas.

☐ **Wood** (**Wood can only be delivered to your home by a DHRD Elder Program contracted wood cutter.**)

What is your *primary* source of heat? _____

What is your *secondary* source of heat? _____

GROSS INCOME (before taxes) of ALL Household Members

Sources of Income:

Please check all sources of income that have been received by any member of your household within the past 6 months. Use the table below to specify Gross income for all household members. **Attach verification of income with the application** (Most recent check stubs). College students, please submit financial award letters. **If there is any time period of zero income, please complete the No Income Declaration and explain your means of survival.** (See page 5, no-income declaration)

☐ TANF ☐ Self Employment ☐ Workers Comp ☐ Food Stamps ☐ Alimony ☐ GA
☐ Unemployment ☐ Child Support ☐ SSI and/or Disability ☐ Interest Income ☐ Education Grants ☐ VA
☐ Social Security ☐ Retirement Income ☐ Commodities ☐ Other – Describe here: _____

\$ _____ Wages (**NAME AND PHONE # OF EMPLOYER**) _____

NAME	GROSS AMOUNT	HOW OFTEN RECEIVED (Monthly, weekly, bi-weekly, hours per week)	Source of income	TOTAL GROSS INCOME FOR THE MONTH

No-Income Declaration

For household member(s) **18 years or older**, declaring no income:

I/We, _____, do hereby declare that I/we have not received any Income for the month(s) of:

1. _____ 2. _____ 3. _____ 4. _____

The reason that I/we have had no income for the months listed above is as follows:

I/we have been meeting my/our basic living needs for rent, mortgage, food, child care, utilities, other in the following way:

Rent or mortgage: _____

Food: _____

Child Care: _____

Utilities: _____

Other: _____

I/we declare by signing this statement line that the information provided on this form is true and correct to the best of my/our Knowledge. I understand that because the Low Income Home Energy Assistance Program (LIHEAP) is Federally funded, the penalty for providing false information shall not be more than \$10,000.00 &/or not more than five (5) years imprisonment.

Date: _____ **Signature(s) of above Person(s) declaring no income:** _____

Date: _____ **Signature of Head of Household:** _____

CONSENT FOR RELEASE OF INFORMATION

I/We, the undersigned are seeking services from the Department of Human Resources Development (DHRD) which includes, but is not limited to the following programs: Child Care Block Grant, TFAP Cash Assistance, Commodities, Dire Need, WIOA, SYEP, LIHEAP, NEW, GA, Indian Elderly Program, Vocational Rehabilitation Program, Child Support Enforcement Program, Intervention Services (CPS, Foster Care, IIM 4-E, 2nd Circle) Transportation/Transit and CSKT Tribal Council.

I, authorize the above named programs to share, exchange, give and receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application/applications for assistance).

In addition, I/We authorize the following programs/agencies to release and share information to the DHRD Programs in an effort to provide and facilitate assistance to my/our children and myself/ourselves. Those programs and agencies include but are not limited to the following:

INITIAL EACH PLACE YOU GIVE PERMISSION TO RELEASE INFORMATION.

1. ☐ Tribal Personnel/Payroll Office: (Drug Test results, payroll data, etc.), etc.
2. ☐ Early Childhood Services – ECS – Participation in services (CHIP information, Address, Household Composition)
3. ☐ Tribal Health Department – THD (all THD programs especially _____).
4. ☐ Tribal Education Department – TED (educational awards, grades, referrals), etc.
5. ☐ Salish Kootenai College/ALC/ABE Programs – (Schedule, Test results, Student verification of attendance, Credit Loan, Grants), etc.
6. ☐ Montana State Offices of Public Assistance – (Flathead, Lake, Missoula, Sanders County)
7. ☐ Landlord/Mortgage institutions/Fuel vendor (i.e. Salish Kootenai Housing Authority, Ronan Housing Authority, Eagle Bank, Mission Valley Power), (Rent amount, household heating/cooling vendor, household compositions, lease compliance, residency), etc.
8. ☐ Public Schools – (verify attendance of minor children in general school and at IEP sessions)
9. ☐ Tribal Police – (CPS referrals and outstanding warrants.), etc.
10. ☐ Probation Adult/Juvenile –(Truancy, Community services and other requirements)
11. ☐ Tribal Court – Community Services and Court Orders, etc.
12. ☐ Division of Lands – (verify Land Lease), etc.
13. ☐ Tribal Prosecutors / Tribal Defenders (CPS, Court Orders, Truancy, Families at Risk Staffing), etc.
14. ☐ MT Healthy Kids Insurance Program (CHIP) – Eligibility Status & Employee Health Insurance Information
15. ☐ Tribal Enrollment & Per Capita statement – _____
16. ☐ Social Security Administration, MT Disability Bureau, Veteran's Administration – Verify income
17. ☐ Social Service, Child/Adult Protective Service, Foster Care, Second Circle, GA, Trust Management
18. ☐ EMPLOYER NAME: _____ ADDRESS: _____ PHONE _____
19. ☐ Chemical Dependency (City, State and/or Tribal Programs for compliance with IFP/Service Treatment Agreement)
20. ☐ State TANF Programs (to get the number of months for the Federal Time Clock) _____
21. ☐ Bureau of Indian Affairs (Individual Indian Monies IIM Account) verification
22. ☐ CSKT Individual Indians Monies Account need current balance for _____
23. ☐ Child Support Enforcement Division Case # _____
24. ☐ Other _____
25. ☐ Potential employers found by DHRD TANF-WIA list

I understand that the information received by the DHRD Programs will be kept confidential, used for professional purposes only in terms of facilitating services received by me and my family, and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I understand that I may cancel this Consent for Release of Information, in writing at any time.

Print Name - Applicant/Parent or Guardian _____ Date _____ Sign Name _____ Date _____

Witness _____ Date _____
THIS CONSENT FOR RELEASE OF INFORMATION IS VALID FROM _____ TO _____

THIS RELEASE OR REQUEST OF INFORMATION HAS BEEN REVOKED BY:

Applicant/Parent or Guardian Signature _____ Date _____

I/we declare by signing this statement line that the information provided on this application is true and correct to the best of my/our Knowledge. I understand that because the Low Income Home Energy Assistance Program (LIHEAP) is a Federally funded program, the penalty for providing false information shall not be more than \$10,000.00 &/or not more than five (5) years imprisonment.

Date: _____ Head of Household: _____

Date: _____ Significant Other: _____

Date: _____ Adult Member: _____

Date: _____ Adult Member: _____

Date: _____ Adult Member: _____

Applicant Rights and Responsibilities

(Please initial each line indicating that you have read the line)

Rights:

- _____ After applications become available; I may complete application without delay.
- _____ To be determined eligible or ineligible within 20 business days of when application is *declared complete*.
- _____ To receive timely written notice of denial, reduction or termination of assistance.
- _____ To be informed of Fair Hearing process.
- _____ To have a confidential relationship.

Responsibilities:

- _____ To complete all sections of application & turn in as one complete packet. Incomplete applications will not be accepted & returned to sender.
- _____ To provide proof of income; verification can be check stubs, financial award letters, etc. & is to be turned in with application.
- _____ To provide proof of fuel type and vendor & is to be turned in with application. **If you don't know ask your landlord.**
- _____ To report changes in mailing &/or physical address within 10 days.
- _____ To report changes in "Section 2 Household Members" when changes occur.
- _____ To make arrangements with fuel vendor to zero out delinquent accounts before the fuel season begins.
- _____ To deliver billing statements immediately.
- _____ To report suspected fraud to the DHRD department head.

The eligibility determination shall be based upon a completed application which records all information necessary to determine eligibility, which attests that the information on the application is true to the best of the applicant's knowledge and acknowledging that such information is subject to verification and that falsification of the application shall be grounds for the participants termination and may be subject to prosecution under law.

Declaration: I certify that the information that I have provided to the Department of Human Resource Development is true and complete to the best of my knowledge. I authorized LIHEAP to obtain information as necessary to verify application eligibility with regard to family and income status. I, also, declare that I am a United States citizen.

Head of House Signature

Date

Spouse or Significant Other's Signature

Date