

Northern California Indian Development Council (NCIDC)
LIHEAP Eligibility Benefit Matrix - FFY 2024/2025

Applicant's Name:

Tribe:

BASED ON 60% OF STATE MEDIAN INCOME (SMI) INDEX	
SUMMARY OF BENEFIT MATRIX	
INCOME:	HEAT/COOL/CRISIS - All fuels combined maximum benefit per hsehld
75 to 100% of SMI	\$800
50 - 75% of SMI	\$1,000
under 50% of SMI*	\$1,200

*Categorically
Eligible
TANF, SSI, OR SNAP

Income that is exactly on the cusp should be determined in favor of the larger benefit amount

Household Size	Maximum Income Eligibility Guideline	if income is between <u>100 - 75%</u>	75% of maximum income eligibility	if income is between <u>75 - 50%</u>	50% of maximum income eligibility	if income is between <u>50% - 0%</u>	*Categorically eligible participants receive maximum
1	\$38,040	<->	\$28,530	<->	\$19,020	<->	\$0
2	\$49,745	<->	\$37,309	<->	\$24,873	<->	\$0
3	\$61,450	<->	\$46,088	<->	\$30,725	<->	\$0
4	\$73,155	<->	\$54,866	<->	\$36,578	<->	\$0
5	\$84,859	<->	\$63,644	<->	\$42,430	<->	\$0
6	\$96,564	<->	\$72,423	<->	\$48,282	<->	\$0
7	\$98,759	<->	\$74,069	<->	\$49,380	<->	\$0
8	\$100,953	<->	\$75,715	<->	\$50,477	<->	\$0
9	\$103,148	<->	\$77,361	<->	\$51,574	<->	\$0
10	\$105,343	<->	\$79,007	<->	\$52,672	<->	\$0
11	\$107,537	<->	\$80,653	<->	\$53,769	<->	\$0
12	\$109,732	<->	\$82,299	<->	\$54,866	<->	\$0
Benefit Amounts		\$800		\$1,000		\$1,200	

Priority Populations: \$100 additional annual benefit for one or more factors (single increase, not cumulative)

LIHEAP PRIORITIES

Senior Citizen (Over the age of 62)

Disconnected

Disabled (Receiving SSI)

Pending Disconnection

Child(ren) age five (5) or under in household

Energy Burden exceeds 20%

Six or more individuals in the household

NOTES: The benefit amounts shown are the maximum benefit limits for the NCIDC LIHEAP program that serves a consortium of 48 Tribes located in California.

Each Tribe's Council or governing body may request that these benefit amounts (shown in bold) be decreased for their eligible population, but they may not issue any single benefit payment amount for less than \$50, and they may not increase or exceed the maximum annual benefit amounts shown here.

Income Type	Paid time frame	Amount	Totals

Total Household Income =

LIHEAP CHECK OFF LIST

Do not submit intakes unless they are fully completed with all required items.

THIS WILL BE THE RESPONSIBILITY OF THE TRIBAL LIHEAP COORDINATOR, BY SIGNING THE INTAKE, YOU ARE VERIFYING THAT ALL OF THE INFORMATION IS TRUE AND CORRECT.

1. Fully completed intake form
One intake per household

2. Current Income Documentation for The Past 30 Days for All Adults
Every household member over 18 that has no income needs to sign a Certification of Income and Expenses form.

Up-to-date verification of TANF, SNAP, or SSI benefits (If applicable)

3. All bills, invoices, and quotes must include:
- a. Account number
 - b. Name on the account
 - c. Company name and address.
 - d. If there is an overdue balance higher than the assistance the applicant may be eligible for, the applicant should be enrolled in a payment plan with the company.

If applying for assistance with more than one bill, please provide amounts for each, not exceeding the maximum amount allowed.

Current Energy and/or Propane Bill

Wood or Pellets (NCIDC WILL NOT PAY FOR WOOD THAT HAS ALREADY BEEN DELIVERED. NO EXCEPTIONS)

Vendor Name: _____

Address: _____

Phone Number: _____

Dollar Amount Charged Per Cord: _____

4. Responsibility Statement

5. Tribal Verification for Household

6. Authorization of Release

NCIDC TRIBAL LIHEAP APPLICATION

Form Revised 10/24/24

Contact Information

Client Name

Tribal Affiliation

Residential Address

Mailing Address

Household Home Phone

Mobile Phone

Email Address

County

Household Demographics (✓ one)

Household Type

 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

 Own Rent (Separate utilities) Rent (Utilities included in rent) Homeless Other Permanent Housing

Reservation/Rancheria Resident

 Yes No

Housing Subsidy Type

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

Head Of Household

 Yes No

In Household:

Language Proficiency

 Beginner Lower Level Intermediate Advance/Fluent

Person Demographics

SSN

BirthDate

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

Gender (✓ one)

 Male Female Non-Binary Not Listed

Ethnicity (✓ one)

 Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Black or African American Hawaiian or Pacific Islander White Multi-Race Other

Person Demographics Continued

Primary Health Insurance Source (✓ one)	Secondary Health Insurance Source	Education Level (✓ one)	Work Status (✓ one)
<input type="checkbox"/> Direct Purchase	<input type="checkbox"/> Direct Purchase	<input type="checkbox"/> Up to 8th Grade	<input type="checkbox"/> Employed Full-Time
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicare	<input type="checkbox"/> Up to 12th Grade	<input type="checkbox"/> Employed Part-Time
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid	<input type="checkbox"/> High School Grad	<input type="checkbox"/> Migrant Seasonal Farm Worker
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> GED	<input type="checkbox"/> Unemployed (6 months or less)
<input type="checkbox"/> State Children's Health Insurance	<input type="checkbox"/> State Children's Health Insurance	<input type="checkbox"/> Any schooling beyond high school	<input type="checkbox"/> Unemployed (More than 6 months)
<input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> 2 Year College Graduate	<input type="checkbox"/> Unemployed (Not in Labor Force)
<input type="checkbox"/> Military Health Insurance	<input type="checkbox"/> Military Health Insurance	<input type="checkbox"/> 4 Year College Graduate	<input type="checkbox"/> Retired
<input type="checkbox"/> Employment Based	<input type="checkbox"/> Employment Based	<input type="checkbox"/> Graduate of Other post-secondary school	

Disabling Condition (✓ one)

<input type="checkbox"/> Yes	Military Status (✓ one)
<input type="checkbox"/> No	<input type="checkbox"/> Active Military
	<input type="checkbox"/> Veteran
	<input type="checkbox"/> Not Veteran or Active Military

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

First and Last Names <i>Example Name</i>	Date of Birth 1/1/2000	Hispanic, Latino, or Spanish? (Circle)		Race American Indian	Gender (Circle)		
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary
		Yes	No		Male	Female	NonBinary

Household Income**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

Eligibility Guidelines and Determination

Recommended Amount for each bill/wood	Name of Vendor	Recommended Amount for each bill/wood	Name of Vendor
1 \$		3 \$	
2 \$		4 \$	

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:****Date:** _____

By signing this form as the LIHEAP Coordinator, you are certifying that you have verified the applicant's Native American affiliation.

Northern California Indian Development Council, Inc.

Certification of Income and Expenses Form

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide any proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name: _____

Section 1: Do you have sources of income you forgot to report? (if yes, please provide any available documentation)			
YES	NO	During the previous six (6) months have you been employed part time?	
YES	NO	During the previous six (6) months have you been self-employed?	
YES	NO	Have you been laid off from work in the last six (6) months? If yes please list the date of your last day of work and any documentation:	
YES	NO	During the previous six (6) months have you received any gifts of money from anyone? If yes, please list the amount as well as name & phone number of the person who gave you the gift:	
YES	NO	During the previous six (6) months have you received any of the following: (circle any that apply) Worker's Comp / Unemployment / Government Sponsored Benefits / Child Support	
YES	NO	Do you receive any of the following: (circle any that apply) Annuity / Pension / Per Capita / Tribal Payments / Rental Income / Insurance Benefit	

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?

YES	NO	Are you using savings or a home equity loan? If yes, please specify source and amount:
YES	NO	Are you using some other asset? If yes, please specify amount and asset:
YES	NO	Are you borrowing from credit cards? If yes, please specify amount:
YES	NO	Are you borrowing from some other source? If yes, please specify amount and source:

Section 3: Please tell us how you paid these monthly expenses during the previous months?

Expense	Monthly Cost	If someone else pays for you, please complete:
Rent/Mortgage	\$	Name: Address: Phone:
Utility Bills	\$	Name: Address: Phone:
Food	\$	Name: Address: Phone:

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

By signing this form, I affirm that I believe these facts to be accurate and true. I give the Service Provider my permissions to verify this information. I may be held liable under Federal or State law knowingly making false or fraudulent statements.

Signature: _____

Date: _____

Northern California Indian Development Council

Self-Certification of Income

I, _____ certify that I have no documentation for my income. My total household/family income for the past six (6) months is detailed on this self-certification form.

By signing this document, I am certifying that all the information provided on this 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, which I am participating and may result in prosecution under the law.

Month	Year	Amount	Month	Year	Amount
January		\$	July		\$
February		\$	August		\$
March		\$	September		\$
April		\$	October		\$
May		\$	November		\$
June		\$	December		\$

OFFICE USE ONLY	
Total six month income:	\$
Annualized Income (six month x 2):	\$
Additional info:	

Applicant Signature

Date

Case Manager Signature

Date

LIHEAP RESPONSIBILITY STATEMENT

I, _____ reside at _____
First *MI* *Last*

_____ *Street Address* _____ *City* _____ *Zip*

My Utility bill is in the name of _____

The relationship that I have with this person is that they are my _____. I am responsible for payment of the utility bill for the above address. This person _____ reside at the above address. (does or does not)

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP. I hereby grant permission to the Tribe and to the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP providers to ensure that there is no duplication of LIHEAP services to myself or my household.

Applicant's Signature

Date

Intake Worker's Signature

Date

