

# Low Income Heating and Energy Assistance Program (LIHEAP)

Please find below the items required for Family Assistance to determine your eligibility for Low Income Heating & Energy Assistance Program allotment.

**\*\* Make sure to include on the application the PGST Enrollment Number and SSN of the Head of Household. \*\***

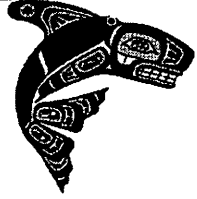
Current and Completed LIHEAP application, in addition to these items for everyone 18 years and older who reside in your home:

- Wage Stubs from employment, child support payments, and/or stipends treaty income (form included in packet, please sign)
- Award letter from Social Security, and/or Retirement pension for 2023. If an adult in the home has no income, then sign and date form included in packet
- Current Puget Sound Energy (PSE) Bill

\*Applications are available online at [www.pgst.nsn.us](http://www.pgst.nsn.us) under the Family Assistance tab or for pickup from Family Assistance office.

Return these items with your completed LIHEAP application to the Children and Families Service DROP BOX or to the Children and Families Service front desk staff, or by email to [shorton@pgst.nsn.us](mailto:shorton@pgst.nsn.us). Any question please contact Sandra Horton at (360)297-9650

House hold size	60% State Median Income Guide
1	\$40,888
2	\$53,469
3	\$66,050
4	\$78,632
5	\$91,213
6	\$103,794
7	\$106,153
8	\$108,512
9	\$110,871
10	\$113,230
11	\$115,589
12	\$117,948

	<b>Port Gamble S'Klallam Tribe</b> <b>Children and Family Services</b> <b>31912 Little Boston Road NE</b> <b>Kingston, WA 98346</b>	

**Agreement to Provide Correct and Complete Information**

The Port Gamble S'Klallam Tribe offers the community many services through the Children and Family Services Programs. Services such as TANF, LIHEAP, Child Support and Child Welfare.

To apply for these services, you need to provide the Program information on the application form. It is critical that you provide complete and accurate information on the form. It is unlawful to try to obtain services that you are not entitled to receive.

If a person is found to have provided incomplete or false information then s/he could:

- Stop receiving the services;
- Be ordered to repay the service received;
- Become ineligible for the services in the future;
- Prosecuted under the Law and Order Code (which could result in a fine and/or jail time)

I, \_\_\_\_\_ (print name) declare that all the information and facts I have provided the Children and Family Services Program is correct and complete to the best of my knowledge and belief.

I understand that I can be prosecuted by the Tribe under the Law and Order Code if I provide false or incomplete information. I understand that the penalty for this can include a fine and jail time and that, in addition, I can be ordered to repay any services I have wrongly received and I can become ineligible for services in the future.

I give my consent to any investigation required to verify or confirm the information I have provided in order to receive services.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Port Gamble S'Klallam Tribe Low Income Home Energy Assistance (LIHEAP) Client Intake Form FY2024

PSE Account # \_\_\_\_\_

PERSONAL INFORMATION - PGST ENROLLMENT #: \_\_\_\_\_

Name \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Buying \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

Telephone \_\_\_\_\_ Number of people in home \_\_\_\_\_

Primary Heat Source: Electric \_\_\_\_\_ Gas \_\_\_\_\_ Woodstove \_\_\_\_\_

Persons Residing in House:

Name	Relationship	Source of Income	Gross Amount	Age	Gender

ELIGIBILITY INFORMATION Check here if no verifiable income \_\_\_\_\_

Reason: \_\_\_\_\_

Are you a recipient of SSI, Food stamps, or Family Assistance (TANF)? \_\_\_\_\_

\*\*\*Be sure to answer the following question\*\*\* Has your household applied for and received energy assistance from any other agency since 10/1/23? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what agency? \_\_\_\_\_

Is anyone in your household considered disabled or handicapped? YES \_\_\_\_\_ NO \_\_\_\_\_

Name \_\_\_\_\_ I hereby certify that I meet the income guidelines of the LIHEAP. I realize that any false statements or misrepresentations knowingly made by me for the purpose of obtaining assistance under this program may result in my being denied assistance and/or may result in action against me which shall subject me to civil and/or criminal penalties. I also understand that by signing this application I give my consent to any investigation required to verify or confirm the information on this application. In addition, I authorize the companies that supply my utilities and fuel to release any information pertaining to my utility and fuel costs and consumption.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please provide proof of income for the LAST 3 MONTHS including Treaty.**

\*\*\*\*\*

Applicants who have been denied assistance under this program have the right to appeal. If you have been denied assistance but believe you are eligible, you may request an appeal within 10 days. Your request must be in writing to the Port Gamble S'Klallam Business Committee, 31912 Little Boston Rd., Kingston, WA 98346.

\*\*\*\*\*

**\*\*DO NOT WRITE BELOW - LIHEAP STAFF ONLY\*\***

Source of Income	Monthly Amount	Yearly Amount	Type of Verification
Employment			
Social Security			
Retirement/ Pension			
Child Support			
Family Assistance			
Other Public Assistance			
Veterans Benefits			
Unemployment			
Treaty/Other			

Grand Total Amount\$ \_\_\_\_\_ Allotment Amount \_\_\_\_\_

\*\*\*\*\*

Date Application Completed \_\_\_\_\_ Verified by \_\_\_\_\_

I certify that I have reviewed the proof of income documents, and/or obtained by telephone or letter, verification of the statements made by the applicant. Upon my review of this document(s) I find the applicant to be:

Eligible for assistance \_\_\_\_\_ Ineligible for assistance \_\_\_\_\_

Reason for ineligibility determination \_\_\_\_\_

\_\_\_\_\_

Intake Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT APPROVAL I hereby authorize payment to be made for the above-named applicant.

\_\_\_\_\_  
Signature Title Date



**PORT GAMBLE S'KLALLAM TRIBE**  
**NATURAL RESOURCE OFFICE**  
**31912 LITTLE BOSTON ROAD NE KINGSTON, WA. 98346**

**CONSENT TO RELEASE TREATY INCOME INFORMATION**

Fisherman: \_\_\_\_\_

Department requesting Info: Family Assistance Program CFS

\_\_\_\_\_  
(**Only if your a rep.** and is requesting this Report.)

Beginning report Date: \_\_\_\_\_

Ending Report Date: \_\_\_\_\_

I hereby authorize Natural Resources to release information verifying my treaty income to the department above if any for the dates indicated. Also I have read and understand the policies on receiving this report.

Fisherman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LIHEAP Statement of No Income

If you have household members over 18 years of age that have no income they need to complete this form as a part of your LIHEAP application. Your income will not be complete and cannot be processed without this form.

I \_\_\_\_\_ have had no income to declare for the months of

(Print Name)

1. \_\_\_\_\_ , 2. \_\_\_\_\_ , 3. \_\_\_\_\_ 202\_\_\_\_ (please include all that apply for the last 3 months)

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Signature

Date