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 2024.
- If an adult in the home has no income, then sign and date form included in packet
- Current Puget Sound Energy (PSE) Bill showing a balance due

*Applications are available online at 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 jpsullivan@pgst.nsn.us. Incomplete applications will not be processed. Any questions please contact Sandra Horton at (360)297-9650

House hold size	60% State Median Income Guide
1	$43,465
2	$56,839
3	$70,213
4	$83,587
5	$96,960
6	$110,334
7	$112,842
8	$115,350
9	$117,857
10	$120,365
11	$122,872
12	$125,830

Port Gamble S'Klallam Tribe Low Income Home Energy Assistance (LIHEAP) Client Intake Form FY2026

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 10/1/24? 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

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)

_____ _____

Signature Date