CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON
P.O. Box 549Siletz, Oregon 97380
1-800-922-1399 ext. 1322 • (541) 444-8322 • FAX: (541) 444-8313
Siletz Tribal Housing Department
Low Income Heating Energy Assistance Program
LIHEAP

WHAT YOU NEED

At the time of intake/submission you must submit the following documents **before** your application can be processed and/or contact can be made to the utility company to pledge a payment:

☐ Social security cards for all persons living in your household.

☐ Most recent copy of your utility bill. (FULL COMPLETE BILL)

☐ Documents verifying the income of every household member aged 18 years and above. (Examples: payroll stub or award letter showing income from Social Security, Unemployment Insurance, etc. The documents must be no more than one year old.)

☐ Tribal ID or CIB (if you don't have one, please let us know and we can obtain that for you).

Please initial each box indicating you have all documents required for your energy assistance. If you are missing any of the above, please see reception to reschedule your appointment or sign below.

_____ _____
Signature Date

Siletz Tribal Housing Department (STHD)
LIHEAP Application

Authorization #27- -

Utility Co._____ $_____ Utility Co._____$_____

Applicant's Name: _____

❶CTSI Tribal Status: ☐CTSI Enrolled Tribal Member ☐Parent/Guardian of CTSI Enrolled Tribal Child(ren)

Household Type: ☐Single ☐2-Person ☐Co-Habitating ☐Single-Parent Family ☐Two-Parent Family ☐Extended Family

Telephone: Main: **Cell:** **Email:**

❷ HOUSEHOLD INFORMATION

HM#	Household Member	ROLL#	Birthdate	Social Security Number	Gender	Relationship	Elder	Disabled	Veteran	Homebound
1						Self	☐	☐	☐	☐
2							☐	☐	☐	☐
3							☐	☐	☐	☐
4							☐	☐	☐	☐
5							☐	☐	☐	☐
6							☐	☐	☐	☐
7							☐	☐	☐	☐
8							☐	☐	☐	☐
9							☐	☐	☐	☐
10							☐	☐	☐	☐

❸ **Mailing Address:** _____ (Street, PO Box, Apartment #) _____ (City, State, Zip Code)

Physical Address: _____ (Street, PO Box, Apartment #) _____ (City, State, Zip Code)

☐Same as Mailing Address

❹

Type of Dwelling (Choose One Below):	Residence Status (Choose One Below):	Primary Source of Heat: (Choose One Below):	
☐Apartment	☐Rent heat separate	☐Electric	☐Wood
☐Duplex	☐Rent heat included	☐Natural Gas	☐Pellet
☐House	☐Own	☐Oil	☐Solar
☐Other:	☐Subsidized heat separate	☐Propane/Liquid Gas	☐Other:
	☐Subsidized heat included		

Originated: UNK; Modified: 10/2010, 10/2011,08/2014, 12/20 / 8/2021, 8/2024

❺ INCOME INFORMATION

HM#	Employer/Source	Address	City	State	Zip Code	Telephone Number

HM#	Type of Income	Comments	Verified	Amount	Frequency	Annual Amount
			☐			
			☐			
			☐			
			☐			
			☐			
					Total Annual Income:	

❻ PROGRAM TYPE

Program Type	Circumstances	Utility Company	Account Number	Name on Account	Authorized Amount
☐Heating ☐Crisis	☐ New Service ☐ Heating ☐ Disconnect Notice ☐ Shutoff Notice ☐ Shutoff (No Service)				
☐Heating ☐Crisis	☐ New Service ☐ Regular ☐ Disconnect Notice ☐ Shutoff Notice ☐ Shutoff (No Service)				

Applicant Disclaimer:
By signing this form I hereby authorize the CTSI of Oregon's STHD access to any records in order to verify information given. I also consent to any legally authorized investigation for confirmation of that information. I agree to let the above listed Employer/Source of my household income and listed Utility Company give information to the STHD so I may receive energy assistance. I am aware that my fuel supplier will receive a copy of this document.

If I receive assistance to which I am not entitled as a result of withholding information or knowingly giving fraudulent information, I must repay that assistance and may be found guilty of fraud and fined up to $10,000 or put in prison or both. I understand if my application is unjustly denied or is not processed in a timely manner I may be entitled to a fair hearing, within 30-days of the date of denial.

I agree to allow use of the information collected from this application to Oregon Housing and Community Services Department and the STHD for any legitimate purpose including but not limited to the purpose of deciding eligibility for any and all utility assistance programs available and for reporting associated with those assistance programs.

Signatures:

Applicant: _____ Date: _____

Agency Certification: The above named applicant has met the income eligibility requirements of the Siletz Tribal Housing Department's Low Income Home Energy Assistance Program and is authorized to receive assistance in the amount above.

Intake Worker: _____ Date: _____

CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON
P.O. Box 549Siletz, Oregon 97380
1-800-922-1399 ext. 1322 • (541) 444-8322 • FAX: (541) 444-8313
Siletz Tribal Housing Department

The LIHEAP Appeals Process and Hearing Rights

Informal Dispute Resolution:

If an applicant disagrees with a Housing decision or action, they are to call the Housing staff member who sent them the decision. Perhaps the issue can be resolved informally and the decision or action explained to your satisfaction. While informal resolution is encouraged, it does not affect the time limits to formally complain, grieve and appeal. Administrative remedies must be exhausted, and you cannot skip a step in the formal process.

Formal Dispute Resolution:

If you disagree with a decision or action of the Housing Department, you have the right to file a complaint, grievance or request for review with the Housing Director within 10 days from the date of the department's decision or action complained of. The Housing Director will review your case and respond in writing within 20 days.

No particular form is required to do this as long as the complaint or grievance: (1) is in writing and is signed by the party or his or her spokesperson or attorney; and (2) is actually and timely delivered to the Housing Department. If you want additional information or documentation considered, please deliver them with your appeal.

Disclaimer:

I understand that if my application is unjustly denied or is not processed in a timely manner that I may be entitled to review, if requested within 10 days of the completed date of the application or date of denial.

By signing this form, I hereby authorize Confederated Tribes of Siletz Indians (Siletz Tribe) or its agents, access to any records in order to verify information given. I also consent to any legally authorized investigation for confirmation of that information.

_____ _____

Signature Date

CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON
P.O. Box 549Siletz, Oregon 97380
1-800-922-1399 ext. 1322 • (541) 444-8322 • FAX: (541) 444-8313
Siletz Tribal Housing Department
LIHEAP

Authorization for Release of Information

I hereby authorize the Release of Information to the Confederated Tribes of Siletz Indians of Oregon and the Siletz Tribal Housing Department, which is relevant and necessary to determine eligibility for the Housing Program(s) available to me.

I authorize the STHD to make inquiries about the following:

- ⇨ Income of each household member age 18 and older;
- ⇨ ***Child Care Expenses;***
- ⇨ Assets (Including real estate, boats, mobile homes, bank accounts, certificates of deposit, stocks, bonds, etc.);
- ⇨ Federal, State, Tribal or Local Benefits;
- ⇨ Utilities and the status of accounts;
- ⇨ Identity and Marital Status; and
- ⇨ **Residential and Rental History.**

I agree that photocopies of this authorization may be used for the verification of information as needed by the Siletz Tribal Housing Department.

I fully understand the requirement to sign this authorization form or face denial of my application for LIHEAP assistance.

This authorization is effective for up to one (1) year from the date of my signature.

Signature of Applicant	Date
Signature of Household Member	Date
Signature of Household Member	Date

CASE NOTES
SILETZ TRIBAL HOUSING DEPARTMENT (STHD)
LIHEAP

Declaration of Personal Income

This form is used for:

- Zero income applicants **and** household members who are 18 years of age and above except for the applicant's spouse and children 18 years of age and above who are full-time students
- Regular informal payments received (such as informal child support agreement)
- Other self-declared income or benefits

Name: _____ Relationship to applicant: _____

Applicant name (if different): _____ Authorization #: _____

Intake Worker: _____

Please fill in your self-declared income and source for each month or note zero.

Month(s)	Amount Claiming	Source	Comments
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

List last place of employment: _____ Dates: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information results in assistance received for which I am not eligible.