

BLACKFEET LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Will be accepting applications October 1, 2025 through April 30, 2026

Check List for complete application

- Page 2 must be completely filled out **Each household members** Social Security Card is required (under 2 Birth Certificate is accepted)
- Pictured ID of applicant required your Pictured Indian Enrollment card is acceptable
- Proof of Indian Enrollment of at least 1 household member
- Each person 18 & over must sign page 5
- Each person 18 & over must complete and sign page 6 the Release of Information form (ROI) extras are available
- Most recent heating bill account must be in applicant's name or a household member bill must be paid LIHEAP does not pay heating bills accrued during summer months
DO NOT SIGN everyone on 1 page

Applicants with income will need these documents:

- Proof of wages 12 months' back
If you are a Tribal Employee, you can request verification of income from Danielle Gray at Tribal Finance.
- Your most recent Social Security Benefit Letter this includes SSI & Survivor Benefits including children under 18 if they are receiving benefits
- Bank Statement will be accepted if Benefits are on Direct Deposit
- Monthly Retirement benefits
- Child Support/Alimony documentation
- Workman Compensation
- Unemployment
- VA Benefit Letter, GA/TANF print out & Self Employment earned monthly

Applicants with no income (zero income) will need these 2 documents:

- **Each person 18 & over** will need a Letter from TANF/GA stating you did not receive benefits for the past 12 months (Manpower/Office of Public Assistance will provide this letter for you)
- **Each person 18 & over** will need to submit a written statement of how they survived for the past 12 months with no income (pay bills, get food etc. include who helped you)

Please be patient and courteous when turning in your application.

Each application is reviewed at the time they are turned in so they can be processed and benefits can be paid without delay. All original documents are given back to the client.

Incomplete applications are not accepted.

BLACKFEET LOW INCOME HOME ENERGY ASSISTANCE PROGRAM/LIHWAP

PO BOX 850 / 703 NORTH PIEGAN ST., QUARTERS #51, BROWNING, MT
(406) 338-7977 FAX (406) 338-5163

FISCAL YEAR 2026 APPLICATION FOR HOME HEATING ASSISTANCE

APPLICANT: _____ AGE _____

OTHER NAMES USED: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOUSING PROJECT: _____ HOUSE NUMBER: _____

DIRECTIONS TO HOME: _____

PHONE NO: _____ MESSAGE PHONE: _____ WORK PHONE: _____ AMERICAN INDIAN: YES NO

ENROLLED IN WHICH TRIBE: _____ ENROLLMENT NO: _____
(DOCUMENTATION REQUIRED)

ANYONE IN HOUSEHOLD HANDICAPPED OR DISABLED? _____ WHO: _____

IS ANYONE LISTED ON ANOTHER HOUSEHOLDS APPLICATION? _____

WHOSE APPLICATION? _____

**Eligibility will be determined on complete applications within (3) weeks, and payment of the eligible applicant's account will be made within (30) days after the application has been approved.
If these time limits are not adhered to, you may request a Fair hearing. Refer to Attached, Fair Hearing Procedures.**



LIST ALL HOUSEHOLD MEMBERS BELOW:

ALL AREAS MUST BE COMPLETELY FILLED OUT

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>	<u>SS#</u>
1.	_____	SELF _____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____

DEDUCTION:

Child Care Cost \$ _____

Medical Expense \$ _____

Documentation is needed for amount to be deducted from your household gross income.

**** A copy of your most recent heat bill at your current address with account number for your primary & secondary heat source must be attached.**

MARK YOUR SOURCE OF HEAT. The main source of heat will be paid if eligible. Secondary will be paid if funding is available. FILL IN WITH #1 FOR PRIMARY, #2 FOR SECONDARY. INCLUDE COPY OF ACCOUNT NUMBER FOR BOTH.

GLACIER ELECTRIC _____

Account No. _____ Name on Account: _____

NORTHWESTERN ENERGY _____

Account No. _____ Name on Account: _____

PROPANE _____ Tank Size/Gallons _____ Account Number _____

Tank No. _____ Own _____ Rent _____ Name of Company _____

PELLETS

Name of Company _____

WOOD _____

Directions to home: (Be specific; Type/color of home, etc.) _____

Type of Wood Preferred _____

Do you authorize anyone to accept and sign for your wood deliveries? Yes _____ No _____ Who _____

Do you know how to measure a cord of wood? _____

Is there anyone in your household that can split wood? _____

You can request that we hire someone to split it for you. Your benefit amount will be charged \$25.00.

OTHER _____ TYPE OF HEAT _____ Company Name _____

Account No. _____ Name on Account: _____

Do you own your home? _____

Do you rent your home? (Landlord's name and address) _____

Are heating costs included in rent payment? _____

Are you in need of a furnace/hot water heater repair? (Homeowners Only) _____

As a service to you we have an Energy Conservation segment in our program. Some of the information you may request include pamphlets on Learning To Read Your Meter and Calculating Your Bills, How to Replace Furnace Filters, How to Install Water Heater, Blankets, etc. We also have short movies on Energy Conservation and Surviving a Disaster that you may watch in our education room.

I DECLARE:

That I have been informed of the eligibility requirements established for assistance under LIHEAP. The information given by me in the application is true and correct, and that I will cooperate with Tribal and Federal personnel should my application become part of a Quality Control Review.

That I understand that because LIHEAP is federally funded, the penalty for providing false information shall not be more than \$10,000.00 fine or not than 5 year imprisonment, or both.

That I have been advised of my right to appeal any decision made with respect to the application. That prior to signing the attached form, I received in my primary language appropriate verbal and written assistance in understanding all questions and conditions it contains. Furthermore, I consent to have information released to the LIHEAP pertaining to my fuel/heating account for FY 2026 and/or information concerning household income and household membership to determine my eligibility. I further authorize the agency to use this application to determine my eligibility for weatherization services.

Applicant Signature & Date

Spouse Signature & Date

Other Adult in Household

Other Adult in Household

Other Adult in Household

Office Aide Signature

FOR OFFICE USE ONLY:

Household Income \$ _____
\$ _____
\$ _____ = \$ _____

LESS:

Child Care Cost \$ _____
Medical Cost \$ _____ = \$ _____
Total \$ _____

LIHWAP APPROVED _____

Application APPROVED _____ DENIED _____
REASON DENIED _____

HEARING REQUESTED _____
RESULTS _____

**BLACKFEET LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
RELEASE OF CONFIDENTIAL INFORMATION**

CLIENT NAME: _____ S.S. NO. _____

ADDRESS: _____
(POST OFFICE BOX, STREET) (CITY) (STATE) (ZIP)

I (we) authorize the individual, company or agency shown below to disclose the Program; **Blackfeet Low Income Home Energy Assistance Program (LIHEAP)** the information specified below concerning myself and/or my minor children. I understand any information obtained will be kept confidential and will be used only for purposes directly connected with the administration of benefits or services and only during the pertinent time period. I further understand that any information obtained may be released to the proper governmental agency, court of law enforcement agency for purposes of legal investigative actions concerning fraud.

INFORMATION SOURCE: Banks, Savings, and Loans, Credit Unions, Investment firms, Employers, Day Care Providers, Social Security Administration files and records, State Dept. of Labor and Industry, Internal Revenue Service, State Dept. of Revenue, Montana State Workers Compensation Division. County Clerk and Recorder, Assessor, and Treasurer, Rent and Fuel Vendors, Landlord, Bureau of Indian Affairs, Utility suppliers and vendors, Indian Health, Attorneys, Schools, Universities, Colleges, Funeral Homes, Veteran's Administration, Insurance Companies, and Medical Providers.

INFORMATION TO BE REQUESTED: Account balances, Loan Information, Certificates of Deposit, Stocks and Bonds, Safety Deposit Boxes, Earnings, Social Security payments and Social records (including NUMI), Supplemental Security payments, Social Security records and payments for my minor children, VA Benefits, Personal and Business income and assets, Workers Compensation Benefits, Unemployment Compensation, Residency, Household Compensation, Identity, GA payments, IIM accounts, Lease payments, Amount of all student income such as Scholarships, Grants, Student loans, Work Study income, Tuition, Fees breakdown of personal expenses such as day care, transportation, etc., Rent information, settlements, Amounts of fuel and/or rental assistance received from agencies, Utilities billing information, Day care payments, Negative rent payments, Inheritance information, stocks and bonds, and any other information needed to determine eligibility for Home heating assistance.

SIGNATURE OF APPLICANT OR PERSON SIGNING ON HIS/HER BEHALF:

X _____ DATE: _____

Each Household member 18 years of age or older must sign a separate information release form. Obtain additional forms from LIHEAP Staff.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FAIR HEARING PROCEDURES

If you wish to appeal any decision regarding your application you have the following rights:

1. A preliminary meeting will be arranged with the LIHEAP Director. If nothing is settled you will be allowed a hearing.
2. A hearing will be held upon request no later than:
 - A. 60 days after sending notice of payment or denial.
 - B. 10 days after sending notice of termination.
3. The time limit from the hearing request to action is:
 - A. Within 30 days after the request or;
 - B. Before decreasing or terminating payment, if that is the issue.
4. You are permitted a representative to accompany you.
5. You are allowed to submit written or oral evidence.
6. You are allowed witnesses.
7. You are allowed interpreters.

If you wish to appeal any decision regarding your application, please contact our office at 406-338-7977.