L.I.H.E.A.P.

(Low Income Home Energy Assistance Program)

Required Documentation

LIHEAP Direct Assistance	LIHEAP Emergency Crisis Intervention Portion
Complete Application	Complete Application
Tribal ID	Tribal ID
Social Security Cards for ALL members of household	Social Security Cards for ALL members of household
30 Days Proof of Income for all adults or Current Federal Tax Return (of Zero Income Form if none in past 30 days)	30 Days Proof of Income for all adults or Current Federal Tax Return (of Zero Income Form if none in past 30 days)
Heating Bill	Heating Bill Shut Off Notice & Denial Letter

L.I.H.E.A.P.

Income Guidelines FY 2026

Household Size	Income Guidelines
1	**34,849**
2	**45,572**
3	**56,295**
4	**67,019**
5	**77,742**
6	**88,465**

Funding for L.I.H.E.A.P. is provided by Inter-Tribal Council of Michigan

*This is a supplemental heating program. Please be advised that it takes **10 working days** for your application to be processed, and if approved, **10 days for a check** to be posted to your account. **It is your responsibility to make monthly payments or payment arrangements to avoid shut off.**

INTER-TRIBAL COUNCIL OF MICHIGAN, INC.
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
APPLICATION – 2025-2026

NAME:	AGE:	PHONE #:
ADDRESS:	DATE OF BIRTH:	SOCIAL SECURITY #:
CITY:	STATE:	ZIP:
EMAIL:	RACE:	ETHNICITY:

TRIBAL MEMBER OF:

☐ **Bay Mills Indian Community**
☐ **Hannahville Indian Community**
☐ **Lac Vieux Desert**
☐ **Little Traverse Bay Band #_____**
☐ **Saginaw Chippewa Tribe**
☐ **Huron Potawatomi Tribe**

OTHER HOUSEHOLD MEMBERS:

NAME	SEX (Male or Female)	BIRTHDATE	SOCIAL SECURITY #	RACE (American Indian, Caucasian, African American, etc)	ETHNICITY (Hispanic/Non-Hispanic)
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Have you applied for assistance this year (October 1, 2025 - September 30, 2026) ☐ **Yes** ☐ **No**

***FOR OFFICE USE ONLY.**
INCOME: Documentation must be provided for all income.

NAME	INCOME SOURCE CODE	PAST 30 DAYS INCOME	X12 = ANNUALIZED INCOME

INCOME SOURCE CODES: (Please Circle):

1. **SS**
2. **WAGES**
3. **SSI**
4. **SELF EMPLOYMENT**
5. **UNEMPLOYMENT**
6. **DHS**
7. **PENSION/RETIREMENT**
8. **GA**
9. **OTHER:_____**

Are any household members disabled? If yes, how many? ____ Do you own or rent your home? ____
If you rent, is heat included? _____

What types of fuel do you use to heat your home? Check all that apply.

☐ **OIL** ☐ **NATURAL GAS** ☐ **ELECTRIC** ☐ **WOOD**

☐ **PROPANE** ☐ **WOOD PELLETS** ☐ **OTHER**_____

IMPORTANT: YOU MUST PUT AN ACCOUNT NUMBER AND VENDOR(S) ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.

List vendor that is the
Endorser?_____**Address:**_____ **Acct.#: _____**

- **I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.**
- **I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.**
- **I understand that failure to provide all necessary information and documentation can result in denial of my application.**
- **I hereby authorize the release of information by the appropriate agencies to the Inter-Tribal Council of Mich. for the purpose of verifying information needed to establish eligibility for the program.**
- **I understand that I may request a hearing if I disagree with action taken on this application.**
- **I understand that I have a right to a hearing if I do not receive a decision notice within that time.**
- **I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.**
- **I understand that a decision will be made concerning my application, and a decision notice will be issued within ten (10) working days upon receipt of application by Program Manager.**

☐ **By checking this box and typing my name below, I certify I am electronically signing this application.**

_____ _____ _____ _____

APPLICANTS SIGNATURE **DATE** **LIEAP WORKER SIGNATURE** **DATE**

REFERRALS: Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company.

Contact them for more information on:

- **Weatherization**
- **Energy Audit**
- **Home Heating Tax Credit**
- **Emergency Needs**
- **Utility Shut-off Protection**

"0" INCOME FORM

To determine your eligibility for the Low Income Energy Assistance Program you must furnish proof of all household income for the past 30 days prior to the date of your application.

If you had "0" income for the past 30 days, you must answer the following:

1. **What was your income for the past three (3) months?**
   (Amount, Source of income for all household members 18 years of age or older).

NAME	SOURCE	AMOUNT

2. **If you have utility bills, how do you pay them?**

   _____

   _____

3. **How do you pay your rent?**

   _____

   _____

4. **How do you get food for your household?**

   _____

   _____

I hereby certify that the information detailed above represents my household's circumstances. The income listed is the total household income for each household member 18 years of age or older.

_____ _____

Signature **Date**

_____ _____

Outreach Worker/Program Director **Date**