**2023-2024 LIEAP APPLICATION**

**THIS IS A FEDERALLY FUNDED PROGRAM - APPLICATIONS MUST BE FILLED OUT COMPLETELY WITH COPIES OF ALL REQUIRED DOCUMENTATION IN ORDER TO BE PROCESSED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. APPLICATIONS MUST BE SUBMITTED BY NOVEMBER 15TH 2023.**

PLEASE SUBMIT ALL THE FOLLOWING WITH YOUR APPLICATION:

1. INCOME VERIFICATION FOR THE PAST 3 MONTHS FOR ALL SOURCESOF INCOME IN THE HOUSEHOLD
2. PICTURE ID FOR HEAD OF HOUSEHOLD
3. SOCIAL SECURITY CARDS (OR VERIFIABLE DOCUMENTATION OF SS#) FOR ALL HOUSEHOLD MEMBERS
4. RECENT VENDOR BILL (MUST BE IN THE HEAD OF HOUSEHOLDS NAME)

***PLEASE PRINT CLEARLY***

LAST NAME FIRST NAME MIDDLE INITIAL

PHYSICAL ADDRESS (HOUSE/APT AND STREET NUMBER)

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL)

( ) ( ) ( )

PHONE/CELL NUMBER WORK NUMBER MESSAGE NUMBER

**( CHECK ONE) 🞎 MARRIED 🞎 SINGLE 🞎 DIVORCED 🞎 SEPARATED 🞎 WIDOWED**

LIST ALL HOUSEHOLD MEMBERS STARTING WITH SELF

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **DOB** | **SS# (REQUIRED FOR ALL HOUSHOLD MEMBERS)** | **RACE** | **HANDICAPPED****/DISABLED Y/N** |
| **SELF** |  |  |  |  |
|  |  |  |  |  |
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**INCOME:** ALL INCOME MUST BE REPORTED FOR EACH MEMBER RECEIVING: WAGES EARNED, UNEMPLOYMENT, SELF-EMPLOYMENT, SOCIAL SECURITY, SSI, PENSION, VETERAN’S BENEFITS, CHILD SUPPORT, BIA GENERAL ASSISTANCE, TANF, BIA LEASE MONIES, ETC.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF PERSON W/ MONEY** | **TYPE OF INCOME** | **AMOUNT** | **HOW OFTEN RECEIVED** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

\*\*\*PROOF OF INCOME AND A COPY OF YOUR HEATING BILL, WITH ACCOUNT NUMBER MUST BE ATTACHED, YOUR APPLICATION CANNOT BE PROCESSED WITHOUT IT

**HEATING SOURCE:** PLEASE PICK (1) - **PAYMENT CANNOT BE SPLIT**

|  |  |
| --- | --- |
| NAME ON ACCOUNT: | VENDOR USED: |
| SOURCE OF HEAT: NATURAL GAS PROPANE ELECTRICITY FUEL OIL/KEROSENE COAL/WOOD | ACCOUNT NUMBER: |

Does anyone in your household receive food stamps? Yes 🞎 No 🞎

 Do you own your home? Yes 🞎 No 🞎

 Do you rent your home? Yes 🞎 No 🞎

▪ If yes, please list landlord, address and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicants Signature Date

OFFICE USE ONLY

Total Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage/Amount Allowed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞎 Approved

 🞎 Denied - Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFIED BY DATE

RELEASE OF INFORMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEREBY AUTHORIZE THE YANKTON SIOUX TRIBE’S LIEAP OFFICE TO OBTAIN INFORMATION REGARDING MY EMPLOYMENT OR SELF-EMPLOYMENT EARNINGS. I ALSO AUTHORIZE THE YANKTON SIOUX TRIBE’S LIEAP OFFICE TO OBTAIN ACCOUNT INFORMATION REGARDING MY HOME HEATING SERVICE/SOURCE.

I DECLARE ALL THE INFORMATION ON THIS APPLICATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE INFORMATION MAY BE DEEMED AS FRAUDULENT AND CAN BE USED TO PROSECUTE IN TRIBAL COURTS.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 INFORMATION TO BE RELEASED FROM

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET CITY STATE ZIP CODE

PHONE NUMBER: ( ) FAX NUMBER: ( ) .

REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEASE INFORMATION TO: YANKTON SIOUX TRIBE

 LIEAP OFFICE

 PO BOX 1153

 WAGNER, SD 57380

 PHONE: (605) 384-3641 EXT. 1012

 FAX: (605) 384-5496

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CERTIFIED BY DATE

Right to a Fair Hearing. Any applicant of the YST Low Income Energy Assistance Program whose application for assistance is denied or who wishes to contest the amount of assistance granted, may request a Fair Hearing. The request must be made within 60 days of the denial or benefit notice. An applicant for LIEAP benefits may initiate the hearing process by filing a request with the Administrative Officer of the Yankton Sioux Tribe, PO Box 1153 Wagner, SD 57380-1153.