

# YUROK TRIBE CLIENT SERVICES DEPARTMENT

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548

Phone: 855-55-YUROK



## LIHEAP Application Checklist

Low Income Home Energy Assistance Program

Email: [LIHEAP@yuroktribe.nsn.us](mailto:LIHEAP@yuroktribe.nsn.us)

The Low-Income Home Energy Assistance Program (LIHEAP) helps eligible Yurok Tribal households with heating and energy costs, including electricity, propane, wood, wood pellets, and diesel/kerosene. To qualify, households must include at least one enrolled Yurok Tribal member, meet low-income guidelines, and reside within the Yurok Tribe Service Area. Support is provided directly to energy providers or wood vendors to ensure homes remain safe and warm.

### Application Checklist:

- ☐ Completed Application
- ☐ Tribal Verification
- ☐ Government Issued ID - Examples include: Driver's license, State ID, Passport, Tribal ID
- ☐ Income Verification for all Household Members 18 years and older. (Last 30 days of income, Passport to Services, most recent award letter for Social Security, Retirement, Disability, Unemployment, or Child Support)
- ☐ Heating Verification
  - All pages of most recent power/propane bill
  - Quote for Wood Pellets
- ☐ Verification of Disability – If applicable

### Application Submission Options:

- Email: [LIHEAP@yuroktribe.nsn.us](mailto:LIHEAP@yuroktribe.nsn.us)
- Mail:  
190 Klamath Boulevard  
Attn: Client Services Department  
Post Office Box 1027  
Klamath, CA 95548
- Drop off at any Yurok Tribal Office with attention to Client Services Department

Questions?: Please call (707) 951-6631

# YUOK TRIBE CLIENT SERVICES DEPARTMENT

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548

(707) 951-6331 or 855-55-YUOK



## LIHEAP Application

Low-Income Home Energy Assistance Program (LIHEAP)

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Tribal ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Address (Street, City, State, Zip): \_\_\_\_\_

Mailing Address (if different than physical): \_\_\_\_\_

### Applicant Information:

Service Area: ☐ Del Norte ☐ Humboldt ☐ Trinity ☐ Out of Service Area

District: ☐ North ☐ South ☐ East ☐ Requa ☐ Weitchpec ☐ Pecwan ☐ Orick

Are you an enrolled Yurok Elder (60+ years): ☐ Yes ☐ No

Does a child 5 years or younger live in the home: ☐ Yes ☐ No

Does a disabled person live in the household: ☐ Yes ☐ No

Household status: ☐ Own ☐ Rent: utilities not included ☐ Rent: utilities included ☐ Other

Gender: ☐ M ☐ F ☐ Other

Race: ☐ American Indian/Alaskan Native ☐ White ☐ Black/African American ☐ Native

☐ Hawaiian/Other Pacific Islander ☐ Asian ☐ Multi-race (2 or more) ☐ Other

Ethnicity: Are you of Hispanic, Latino, Spanish Origins? ☐ Yes ☐ No ☐ Unknown



Phone: (707) 951-6631 • Fax: (707) 482-1377



**Members of the Household & Demographic Info** (all individuals within the household):

Name	Relationship	DOB	Gender	Tribal Roll #
1.			M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Race:</b> (American Indian/Alaskan Native <input type="checkbox"/> ) (White <input type="checkbox"/> ) (Black/African American <input type="checkbox"/> ) (Native Hawaiian/Pac Islander <input type="checkbox"/> ) (Asian <input type="checkbox"/> ) (Other <input type="checkbox"/> ) (Unknown <input type="checkbox"/> ) <b>Ethnicity:</b> Are you of Hispanic, Latino, or Spanish Origins? (Yes <input type="checkbox"/> ) (No <input type="checkbox"/> ) (Unknown <input type="checkbox"/> )				
2.			M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Race:</b> (American Indian/Alaskan Native <input type="checkbox"/> ) (White <input type="checkbox"/> ) (Black/African American <input type="checkbox"/> ) (Native Hawaiian/Pac Islander <input type="checkbox"/> ) (Asian <input type="checkbox"/> ) (Other <input type="checkbox"/> ) (Unknown <input type="checkbox"/> ) <b>Ethnicity:</b> Are you of Hispanic, Latino, or Spanish Origins? (Yes <input type="checkbox"/> ) (No <input type="checkbox"/> ) (Unknown <input type="checkbox"/> )				
3.			M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Race:</b> (American Indian/Alaskan Native <input type="checkbox"/> ) (White <input type="checkbox"/> ) (Black/African American <input type="checkbox"/> ) (Native Hawaiian/Pac Islander <input type="checkbox"/> ) (Asian <input type="checkbox"/> ) (Other <input type="checkbox"/> ) (Unknown <input type="checkbox"/> ) <b>Ethnicity:</b> Are you of Hispanic, Latino, or Spanish Origins? (Yes <input type="checkbox"/> ) (No <input type="checkbox"/> ) (Unknown <input type="checkbox"/> )				
4.			M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Race:</b> (American Indian/Alaskan Native <input type="checkbox"/> ) (White <input type="checkbox"/> ) (Black/African American <input type="checkbox"/> ) (Native Hawaiian/Pac Islander <input type="checkbox"/> ) (Asian <input type="checkbox"/> ) (Other <input type="checkbox"/> ) (Unknown <input type="checkbox"/> ) <b>Ethnicity:</b> Are you of Hispanic, Latino, or Spanish Origins? (Yes <input type="checkbox"/> ) (No <input type="checkbox"/> ) (Unknown <input type="checkbox"/> )				
5.			M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Race:</b> (American Indian/Alaskan Native <input type="checkbox"/> ) (White <input type="checkbox"/> ) (Black/African American <input type="checkbox"/> ) (Native Hawaiian/Pac Islander <input type="checkbox"/> ) (Asian <input type="checkbox"/> ) (Other <input type="checkbox"/> ) (Unknown <input type="checkbox"/> ) <b>Ethnicity:</b> Are you of Hispanic, Latino, or Spanish Origins? (Yes <input type="checkbox"/> ) (No <input type="checkbox"/> ) (Unknown <input type="checkbox"/> )				
6.			M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Race:</b> (American Indian/Alaskan Native <input type="checkbox"/> ) (White <input type="checkbox"/> ) (Black/African American <input type="checkbox"/> ) (Native Hawaiian/Pac Islander <input type="checkbox"/> ) (Asian <input type="checkbox"/> ) (Other <input type="checkbox"/> ) (Unknown <input type="checkbox"/> ) <b>Ethnicity:</b> Are you of Hispanic, Latino, or Spanish Origins? (Yes <input type="checkbox"/> ) (No <input type="checkbox"/> ) (Unknown <input type="checkbox"/> )				
7.			M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Race:</b> (American Indian/Alaskan Native <input type="checkbox"/> ) (White <input type="checkbox"/> ) (Black/African American <input type="checkbox"/> ) (Native Hawaiian/Pac Islander <input type="checkbox"/> ) (Asian <input type="checkbox"/> ) (Other <input type="checkbox"/> ) (Unknown <input type="checkbox"/> ) <b>Ethnicity:</b> Are you of Hispanic, Latino, or Spanish Origins? (Yes <input type="checkbox"/> ) (No <input type="checkbox"/> ) (Unknown <input type="checkbox"/> )				

**If there are additional household members, attach additional information.****Monthly Income** (all household members including yourself):

Source	Name	Amount
Wages/Employment		
TANF/CALWORKS		
Social Security/SSI		
Unemployment		
Veteran Benefits		
Pension/Retirement		
Other		
Monthly Total		

**Type of Heating Assistance Requested (please choose one):**

Electric:\_\_\_\_ Propane:\_\_\_\_ Kerosene/Diesel Monitor Heater:\_\_\_\_ Pellets: \_\_\_\_  
Wood: \_\_\_\_ Length of Wood:\_\_\_\_(inches) Wood Preference: Hardwood:\_\_\_\_ Fir:\_\_\_\_  
Name of Vendor for Heating Assistance: \_\_\_\_\_  
Account #: \_\_\_\_\_

**LIHEAP- Responsibility Statement**

I, \_\_\_\_\_, reside at \_\_\_\_\_.  
(Print Name) (Physical Address, City, Zip)

The utility bill is in the name of \_\_\_\_\_, and I am responsible for payment of the utility bill for the above address.

He/She/They are my\_\_\_\_\_.  
(Relationship)

Please briefly explain the reason why you are responsible for the payment of the utility bill for the address above:\_\_\_\_\_

**LIHEAP Certification & Authorization to Release Information:**

\_\_\_\_\_(Initial): I understand, due to limited available funds, turning in an application is not a guarantee of approval, and it is still my responsibility to continue to make my utility payments.

\_\_\_\_\_(Initial): I understand if I email or fax my application to a different email address or fax not listed on this application, it may delay services.

\_\_\_\_\_(Initial): I am the only person in my household who has applied for this program.

\_\_\_\_\_(Initial): I understand that I can only apply for the services listed on this application.

\_\_\_\_\_(Initial): I authorize Client Services staff to speak to my utility company about my account.

\_\_\_\_\_(Initial): I hereby release the Yurok Tribe and its agents and employees from any/all liabilities, responsibilities, damages, and claims that might result from release of information authorized above.

**LIHEAP Fair Hearing Statement**

Client rights if you wish to appeal any decision regarding your application.

If you feel the decision of the LIHEAP Intake Staff is in error, you may file a written appeal within ten (10) days after receiving a letter of denial to the Client Services Operations Manager. The Client Services

Department Operations Manager will review and make a decision regarding your appeal within five (5) days after giving the opportunity for both a fair administrative hearing to individuals whose claims for assistance under the plan is denied or not acted upon with reasonable promptness and receiving your written appeal. If the Client Services Department Operations Manager upholds the initial decision, you have ten (10) days after receiving their written decision to file a written appeal to the Client Services Department Director. The Client Services Director then has ten (10) days to receive their final written decision by mail.

\_\_\_\_\_(Initial): I have read the above rights and have been advised of my rights to appeal any decision made by the LIHEAP Intake Staff.

**By Signing this document, I am certifying that all information provided oral and written are true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program. This release will be in effect for one year from the date it is signed unless terminated earlier at the request of the client.**

Verbal Authorization Given: \_\_\_\_Yes \_\_\_\_No \_\_\_\_Not Applicable

Staff Receiving Verbal Authorization: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature (other household adults):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**End of Application**