DEPARTMENT OF HUMAN SERVICES
LIHEAP PROGRAM
P.O. Box 277
La Push, WA 98350-0277
Telephone: (360) 374-4306
Fax: (360) 374-4015
Email:
rhonda.crowl@quileutetribe.com

Quileute Tribal Council

LIHEAP-Weatherization

(LOW INCOME HOME ENERGY ASSISTANCE PROGRAM)

Application for FY 2027

ELIGIBILITY:

Assistance is available to all families living on the Quileute Reservation and Quileutes living within the Tribe's usual and accustomed areas whose annual income is below the federal poverty guidelines.

Income includes, but is not limited to: gross wages, social security payments, unemployment compensation, veteran's payments, alimony, child support, pensions, or fishing income.

GENERAL INSTRUCTIONS

This application is for assistance in meeting the family's energy needs. This assistance may be in the form payments to your electric company or fuel provider, or help with making your home more energy efficient.

There can only be one application per household. All applicants must fill out the attached form and provide all required information. Incomplete applications may result in denied or delayal of services. Funding for this program is limited.

DOCUMENTS REQUIRED FROM ALL APPLICANTS:

P.U.D. Statement _____
Income Verification/Declaration of no income _____ *All income verification from the month before from everyone in the household over the age of 18. If there is fishing income, Quileute Natural Resource Income Verification form is required and must be completed by QNR Staff.*
Valid Personal Identification _____
Tribal Identification _____

STEPS

1. Applicants will submit the application to the program.
2. They will be notified by letter if they are approved and for the amount approved. The applicant may request a phone call for sooner results.
3. The applicant will schedule a meeting with the program to discuss what assistance is approved/needed.
4. The program will contact providers for quotes if needed and schedule appointments for providers to assess what is to be done to provide a quote.
5. The program will approve the vendor and contact them directly for next steps.
    a. Providers may need to apply for a business license, and/or may need to sign a Personal Services Contract (PSC). ***No work is to be scheduled or started until ALL the above is completed.***
6. The program will contact the applicant in writing to confirm everything is completed and the program will provide the next steps to the applicant.
7. Failure to follow these steps may result in the application being denied and no payment being provided by the program.

PRIVACY

Information on the application will be used to determine eligibility. All information will be kept confidential and will be reviewed only by those specifically involved with program administration. Applicant agrees to keep any information confidential.

Staff Use Only
CIF:

DEPARTMENT OF HUMAN SERVICES
LIHEAP PROGRAM
P.O. Box 277
La Push, WA 98350-0277
Telephone: (360) 374-4306
Fax: (360) 374-4015
Email:
rhonda.crowl@quileutetribe.com

APPLICANT'S RIGHTS

All applicants have a right to be informed of the results of their applications, and amounts paid on their behalf within 45 business days of receipt of completed application. All applicants have a right to be informed of the reason if the application is denied, or not acted upon a timely manner.

A hearing may be requested in writing or by telephone if the applicant is disabled. Within fifteen days of the request, the **LIHEAP** Coordinator must attempt to informally resolve the issue, or else a formal hearing will be provided.

INCOME AND EXPENSE INFORMATION

Proof of Annual Income and Energy Expenses is required for all applicants.
Annual Income is as documented on 2026 estimated or filed tax statements (Income includes, but is not limited to: gross wages, social security payments, unemployment compensation, veterans' payments, alimony, child support, pensions, or fishing income).

Energy expenses for 2026 is as documented by, bills, checks or statements for: electricity, propane, and firewood, other energy used for home heating.

APPLICANT CERTIFICATION;

READ THIS CERTIFICATION AND RELEASE OF INFORMATION STATEMENTS CAREFULLY BEFORE YOU SIGN AND DATE YOUR APPLICATION.

I understand that information in this application may be shared with other energy assistance programs, the Clallam County Public Utility District, and other providers of home energy supplies only for the purpose of the grant. The staff of the Quileute Human Services may seek information from other federal, state, and local agencies to verify the information included in this application, and to assist the applicant in meeting their home energy needs.

I certify the application is complete. I understand non-complete applications may result in denial or delay of services.

I certify that all of the information contained in this application is complete and accurate to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine energy assistance benefits. I understand that *I am signing this certification under penalty of criminal prosecution and loss of other state and federal benefits if I knowingly give false information, which results in assistance for which I am not eligible. I am also agreeing to follow all policies and procedures for the LIHEAP Program.*

Applicant Signature _____ ***Date*** _____

Staff Use Only
CIF:

DEPARTMENT OF HUMAN SERVICES
LIHEAP PROGRAM
P.O. Box 277
La Push, WA 98350-0277
Telephone: (360) 374-4306
Fax: (360) 374-4015
Email:
rhonda.crowl@quileutetribe.com

LIHEAP Weatherization Application FY 2027

***Applicant's Name:**_____

***Mailing Address:**_____

***Physical Address:**_____

***Phone: (_____)**_____

Household Member:	Age:	Social Security #:
Household Member:	Age:	Social Security #:
Household Member:	Age:	Social Security #:
Household Member:	Age:	Social Security #:
Household Member:	Age:	Social Security #:

***How many in the household are 50 years or older?** _____

***How many in the household are disabled?** _____

***How many in the household are less than 3 yrs. old?** _____ **Less Than 6 yrs. old?** _____

What kind of housing do you live in? ***Please check one that applies:***

☐ Subsidized ☐ Unsubsidized ☐ HUD ☐ Apartment ☐ Mobile Home

Staff Use Only
CIF:

DEPARTMENT OF HUMAN SERVICES
LIHEAP PROGRAM
P.O. Box 277
La Push, WA 98350-0277
Telephone: (360) 374-4306
Fax: (360) 374-4015
Email:
rhonda.crowl@quileutetribe.com

***What is your source of income? (Please check all the apply to you):**

☐ Disability	☐ TANF	☐ Alimony
☐ Work Experience	☐ Child Support	☐ Interest, dividends, royalties, commissions
☐ Food Stamps	☐ Per Capita Income	☐ Legal Settlements
☐ SSI	☐ Contract Income	☐ Insurance Pay Out
☐ General Assistance	☐ Mortgage or Sales Contract Income	☐ Ameri-Corp Income
☐ Job	☐ Cash Gifts	☐ Other Income Please List
☐ Unemployment	☐ One Time Lump Sum	☐ **Fishing** **Quileute Natural Resource income verification form REQUIRED**.
☐ Pension	☐ Rental Income	

1) Did you receive (earn) money from a job or training program? __ YES __ NO

- If "YES" complete below. Include tips, vacation pay or income in kind, such as earned housing. List gross amounts.

Who received Income?	Employer's Name	**Gross** Amount	$	$	$	$	$
		Actual Date Received					
Who received Income?	Employer's Name	**Gross** Amount	$	$	$	$	$
		Actual Date Received					

2) Did you receive money or benefits from any other source (unearned)? __ YES __NO

Include: Per Capita, Child support, any government benefits, such as (SSI/SSP), unemployment, worker's compensation or anything else. If "YES", complete below.

Who received Income?	Source of income	**Net** Amount	$	$	$	$	$
		Date Received					

Staff Use Only
CIF:

DEPARTMENT OF HUMAN SERVICES
LIHEAP PROGRAM
P.O. Box 277
La Push, WA 98350-0277
Telephone: (360) 374-4306
Fax: (360) 374-4015
Email:
rhonda.crowl@quileutetribe.com

Who received Income?	Source of income	**Net** Amount	$	$	$	$	$

Below are examples of how LIHEAP funds provide weatherization services:

- Caulking
- Weather-stripping
- Insulation
- Storm windows
- Heating system repairs
- Conservation education
- Easy "Do-It-Yourself" weatherization kits
- Doors
- Compact florescent light bulbs
- Repair or replace water heaters and assist with costs of minor roof, wall, or floor repairs that affect ability keep the home warm.

What type of assistance are you seeking?

Please explain:

_____

_____

_____

_____

***Applicant Signature:**_____ **Date:**_____

***LIHEAP Staff:**_____ **Date:** _____

Staff Use Only
CIF:

Quileute Department of Human Services
Quileute LIHEAP
P.O. Box 277
La Push, WA 98350
Phone: (360) 374-0336
Fax: (360) 374-4015

Release of Information

I hereby authorize the exchange of information between the Quileute Department of Human Services (QDHS) and the Quileute Low Income Heating and Electricity Assistance Program (LIHEAP) and the following agencies for the purpose of planning, providing, and coordinating services, treatment, payments and benefits for me or for other purposes authorized by law. I grant permission to QDHS and LIHEAP and the below listed agencies, providers or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally, computer data transfer, fax, mail or hand delivery.

Client Name:	**Date of Birth:**	**Phone Number:**
Address:		

Please initial all who are included in this Release of Information and provide the specific name and address:

Initial	AGENCY, PROVIDER OR PERSON & CONTACT INFORMATION
	County/State/Federal Agencies:
	Housing Programs:
	Utility Company: Clallam County PUD
	Utility Assistance Programs:
	TANF:
	Quileute Accounting
	Other:

I authorize and consent to sharing the following records and information (check all that apply):

☐ All my records
☐ Records on the attached list
☐ Only the following records
☐ Other: (specify)
☐ Payment Records
☐ Family, social, and/or employment history
☐ Individual assets

This consent is valid for ☐ ninety (90) days, ☐ one year, ☐ until _____ (date or event), or as long as QDHS and/or LIHEAP needs records.

I may revoke or withdraw this consent at any time in writing but I understand that will not affect any information already shared. A copy of this form is valid to give my permission to share records.

Date:	Client Name:	Client Signature:

Staff Use Only
CIF:

Date:	Parent/Guardian (if under age 12):	Parent/Guardian Signature:
Date:	Agency Representative:	Agency Signature:

If I am not the subject of the records, I am authorized to sign because I am the (attach proof of authority):

☐ Parent	☐ Legal Guardian (attach court order)	☐ Personal representative	☐ Other

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medial or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Staff Use Only
CIF: