



**SAMISH INDIAN NATION HOUSING DEPARTMENT**

715 Seafarers Way Suite 103, Anacortes, WA 98221

Phone: (360) 899-5282 Fax: (360) 899-5193

**Low-Income Home Energy Assistance Program (LIHEAP)**

**October 1, 2025 – September 30, 2026**

Please complete and sign all pages of the attached application, including the authorization(s) for release of information. Incomplete applications will NOT be accepted and will be returned for completion. Please provide the following verification for ALL household members:

**REQUIRED DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS**

☐ **INCOME** – Last 2 Months of CURRENT Income

\*ALL Sources of Household Income earned or received. Examples: (Social Security, Disability Payments, Workman's Compensation, Wages, Retirement Benefits, Self-Employment, Monthly Child Support, TANF Payments excluding food stamps, etc.).

**YOU MUST NOTIFY OUR OFFICE OF ANY INCOME CHANGES WITHIN 30 DAYS**

☐ **BIRTH CERTIFICATES**

\*Birth Certificates (If no tribal ID card) for all household members under the age of five (5).

☐ **DISABILITY VERIFICATION**

\*Documentation of disability is required.

☐ **CURRENT LEASE AGREEMENT / PROOF OF HOME OWNERSHIP**

\*If applicant's name is NOT on the current lease agreement, applicant must explain in detail why they are applying for LIHEAP benefits. If you own your home, we need proof of home ownership.

## Low-Income Home Energy Assistance Program (LIHEAP)

Today's Date: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### HOUSEHOLD COMPOSITION

Household Member Name	Date of Birth	Tribal Affiliation	Relationship to Head of Household	Check All That Apply
HOH		<input type="checkbox"/> Samish <input type="checkbox"/> Non-Samish <input type="checkbox"/> No Tribal Affiliation		<input type="checkbox"/> Disabled <input type="checkbox"/> Under 5 Years Old <input type="checkbox"/> Over 60 Years Old
		<input type="checkbox"/> Samish <input type="checkbox"/> Non-Samish <input type="checkbox"/> No Tribal Affiliation		<input type="checkbox"/> Disabled <input type="checkbox"/> Under 5 Years Old <input type="checkbox"/> Over 60 Years Old
		<input type="checkbox"/> Samish <input type="checkbox"/> Non-Samish <input type="checkbox"/> No Tribal Affiliation		<input type="checkbox"/> Disabled <input type="checkbox"/> Under 5 Years Old <input type="checkbox"/> Over 60 Years Old
		<input type="checkbox"/> Samish <input type="checkbox"/> Non-Samish <input type="checkbox"/> No Tribal Affiliation		<input type="checkbox"/> Disabled <input type="checkbox"/> Under 5 Years Old <input type="checkbox"/> Over 60 Years Old
		<input type="checkbox"/> Samish <input type="checkbox"/> Non-Samish <input type="checkbox"/> No Tribal Affiliation		<input type="checkbox"/> Disabled <input type="checkbox"/> Under 5 Years Old <input type="checkbox"/> Over 60 Years Old
		<input type="checkbox"/> Samish <input type="checkbox"/> Non-Samish <input type="checkbox"/> No Tribal Affiliation		<input type="checkbox"/> Disabled <input type="checkbox"/> Under 5 Years Old <input type="checkbox"/> Over 60 Years Old

## INCOME

LIHEAP requires disclosure of all household income.

Please provide documentation for all sources.

**Type / Source of Income Include:** Wages from employment, self-employment, compensation for personal services, state payee, social security (SSI, SSDI), veteran's benefits, retirement, pension, annuities, death benefits, alimony, child support, grant assistance (GA, GAF, State Welfare), temporary assistance for needy families (TANF), per capita, elder's stipend, gifts, etc.

Household Member Name	Type of Income	Source of Income -Employer or Agency Name-	Amount -Gross Monthly Income-
	<input type="checkbox"/> Employment <input type="checkbox"/> Other Income		
	<input type="checkbox"/> Employment <input type="checkbox"/> Other Income		
	<input type="checkbox"/> Employment <input type="checkbox"/> Other Income		
	<input type="checkbox"/> Employment <input type="checkbox"/> Other Income		
	<input type="checkbox"/> Employment <input type="checkbox"/> Other Income		
	<input type="checkbox"/> Employment <input type="checkbox"/> Other Income		
	<input type="checkbox"/> Employment <input type="checkbox"/> Other Income		
	<input type="checkbox"/> Employment <input type="checkbox"/> Other Income		
	<input type="checkbox"/> Employment <input type="checkbox"/> Other Income		
Total Monthly Gross Income:			

## GENERAL QUESTIONS

1. Do you currently rent or own the home you are living in?

☐ Rent

☐ Own

2. Are you currently receiving LIHEAP benefits from another agency?

☐ Yes

☐ No

If yes, list the name of the agency:

3. Are you the primary person identified on the utility bill?

☐ Yes

☐ No

If no, please explain:

## CERTIFICATION OF SIGNATURES:

I certify that all information provided on this application is accurate and complete. I understand that I must report to Samish Indian Nation Housing Department (SINHD) in writing, of any changes in my household composition or household income. I know that I am required to cooperate in supplying all information needed to determine my eligibility. Cooperation includes attending pre-scheduled meetings, keeping LIHEAP Staff informed of my current mailing address, completing, and signing all required forms. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Title 18 Parts 1 Chapter 47 "Fraud and False Statements" and shall be fined under this title or imprisoned not more than one year, or both.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Housing Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To report energy fraud or scams, please see the information listed below:**

Website: <http://www.atg.wa.gov>

Phone: **Main Office:** (360) 753-6200

**Consumer Protection:** call centers are open Monday through Friday 10:00 a.m. to 3:00 p.m.

- 1-800-551-4636 (in-state only)
- 1-206-464-6684 (out-of-state callers)
- 1-800-833-6388 (Washington State Relay Service for the hearing impaired)

**To file a consumer complaint:**

- Please go to the following website <http://www.atg.wa.gov>
- Select "File A Complaint"
- Choose to file either "Online" or "By Mail"