



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

**Effective October 1, 2025, through September 30, 2026**

Minimum Benefit is 60% - Maximum Benefit is 70%

**Heating:** Minimum Dollar Amount: \$25.00 – Maximum Amount \$1,500.00 Per Household

**Cooling:** Minimum Dollar Amount: \$25.00 – Maximum Amount \$1,500.00 Per Household

**Rural Areas:** Minimum Dollar Amount: \$25.00 -Maximum Amount \$2,000.00 Per Household

Eligibility is based upon the gross income guidelines listed below. Benefit amount can change based on funding.

| <b>Household Members</b>   | <b>60% State Median Income (SMI)<br/>ANNUAL</b> | <b>60% State Median Income (SMI)<br/>MONTHLY</b> |
|----------------------------|---|--|
| <input type="checkbox"/> 1 | \$41,299.20                                     | \$3,441.60                                       |
| <input type="checkbox"/> 2 | \$54,014.40                                     | \$4,501.20                                       |
| <input type="checkbox"/> 3 | \$66,722.40                                     | \$5,560.20                                       |
| <input type="checkbox"/> 4 | \$79,430.40                                     | \$6,619.20                                       |
| <input type="checkbox"/> 5 | \$92,138.40                                     | \$7,678.20                                       |
| <input type="checkbox"/> 6 | \$104,846.40                                    | \$8,737.20                                       |

### **Additional factors for any member of the Household.**

Please check the benefit that applies to the household. Each household is only able to receive one benefit.

- Elder 60 Years of Age or Older (+5% Benefit for one HH member that is 60 +)
- Individual with Documented Disability (+5% Benefit for one HH Member that is disabled)
- Children 5 Years Old and Under (+5% Benefit if child 5 years old and under is in household)
- Households in Isolated Areas (+5% Benefit) Defined as areas that have limited access to services, transportation or communication.

### **Must be verified to receive additional benefits amounts.**

\*If no adult in the household is an enrolled tribal citizen, they will receive the minimum benefit amount for the Samish Child(ren).

### **Income Eligibility Verification**

| <b>Head of Household Name</b> | <b># Of Household Members</b> | <b>Monthly Income</b> | <b>Benefit Amount</b> |
|-------------------------------|-------------------------------|-----------------------|-----------------------|
|                               |                               | \$                    |                       |

Staff Signature:

Date:

[LIHEAP IM2025-02 Federal Poverty Guidelines and State Median Income Estimates for Optional Use in federal Fiscal Year 2025 and Mandatory Use in FY26 | The Administration for Children and Families](#)

[LIHEAP-AT-2025-04 Model Plan Application for LIHEAP Funding for Federal Fiscal Year 2026 \(FY26\) | The Administration for Children and Families](#)