



**Mashpee Wampanoag Tribe**

**483 Great Neck Rd - South**

**Mashpee, MA 02649**

## **MASHPEE WAMPANOAG TRIBE**

### **FUEL ASSISTANCE APPLICATION**

#### **LIHEAP PROGRAM:**

**For many Mashpee Wampanoag Tribal households, energy cost place a severe and continuing stress on the family's budget. In some instances, the household is forced to make painful decisions regarding which bills to pay and which necessities to survive without. The Low Income Home Energy Assistant Program (LIHEAP) is designed to help eligible low-income households supplement part of their winter heating service bills.**

**In order to determine your eligibility for the heating season, please submit the following documents with your application. If all document listed below (1-5) are not submitted, the application is considered incomplete.**

- 1. Proof of Citizenship Tribal ID, License, Mass Photo ID, (Green Card) for all 18yrs+**
- 2. Complete application with signature and date**
- 3. Proof of income Employment, Social Security/Disability, Unemployment, Pension fund, Self employment (1099) etc with current year to date showing for all in household 18yrs+**
- 4. Proof of Residency for all listed on application Mortgage, Lease, Deed, (Pre/School Records for children)**
- 5. Current primary heating bill/statement**

**Income eligibility is based on "Net Income" (after all deductions, including a max of \$2000 towards rent/mortgage, but except for 401K, IRA, any other saving or retirement programs)**

**Any question please call Fuel Assistance Coordinator at**

**508-477-0208 Ext: 159/140/182**



## 2016-2017 LIHEAP Fuel Assistance Program

Name: \_\_\_\_\_ Tribal Roll # \_\_\_\_\_

Street (Fuel Delivery):

\_\_\_\_\_ P.O.Box \_\_\_\_\_

Town: \_\_\_\_\_ State: MA, Zip Code: \_\_\_\_\_ County \_\_\_\_\_

Tel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Please circle one) Own or Rent

Housing type: 1. Single 2. Apartment 3. Condo 4. Mobile 5. Subsidy & type \_\_\_\_\_

Proof of Residence: Rent or Mortgage Payment: \$ \_\_\_\_\_

\_\_\_\_\_, must show documentations  
(Lease/Deed)

Emergency Contact Name:

\_\_\_\_\_ Home Tel # \_\_\_\_\_

Cell # \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Did you receive LIHEAP last year? (Circle) Yes No

Do you have additional household members since last year (please circle): Yes No

Please update on Household member sheet.

Source of income (circle): Employment Unemployment Insurance Self-employed SSI/SSDI  
Social Security TANF other

Client's Income

Weekly net income: \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ other \$ \_\_\_\_\_

Additional Household Members 18 and over:

Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Heating source (please circle): 1.Oil 2.Gas 3.Electric 4.Kerosene 5. Wood 6.Propane

Heating/Fuel Company Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Acct #: \_\_\_\_\_

Are you or anyone living in your household a (please Circle):

Elder 55+      Veteran—must document      children under five (5)      Severe Handicap

Are bills in your name?     Yes     No, If not, who's name (address on bill must match address of application) \_\_\_\_\_

Approved     Denied: Reason and Fair Hearing Process:

\_\_\_\_\_

\_\_\_\_\_

**THE STATE REQUIRES THAT VERIFICATION OF NON-DUPLICATION MUST BE COMPLETED WITH OTHER SERVING LIHEAP AGENCIES; LIST OF NAMES MUST BE FURNISHED TO ALL LIHEAP AGENCIES.**

**I HAVE SIGNED AND DATED THE ATTACHED AUTHORIZATION AND KNOWLEDGEMENT PAPERS; I WILL NOTIFY LIHEAP IF THERE IS ANY CHANGE IN MY HOUSEHOLD STATUS, SIZE OR INCOME.**

**INITIAL** \_\_\_\_\_ **Date** \_\_\_\_\_

Interviewer workers initials: \_\_\_\_\_ Date: \_\_\_\_\_

## LIHEAP Application Authorization

I understand that this is an application for Fuel Assistance and it will be treated as an application for and used to determine my eligibility

I understand that the Mashpee Wampanoag Tribe may share information concerning my application and benefits with the Massachusetts Department of Housing and Community Development (DHCD) for program purposes. I understand that eligibility for Fuel Assistance does not automatically guarantee eligibility for the Weatherization or Heating System Assistance programs since eligibility requirements are not identical. I understand that my eligibility for Fuel Assistance does not guarantee the receipt of Fuel Assistance benefits, since the funds allocated are not sufficient to serve all eligible households.

I certify under the penalties of perjury that all statements contained in this application are true to the best of my knowledge and that there is no understatement or misstatement of income or any other information on this application. I authorize the Mashpee Wampanoag Tribe contact any and all pertinent individuals, agencies and companies to verify the information contained in this application and to determine my household's eligibility. I understand that I may be subject to criminal prosecution as a result of any fraudulent statements in this application or associated documents. The Mashpee Wampanoag Tribe or DHCD may refer information concerning my application, including personal information indicating a violation of law, to the Attorney General or a District Attorney for investigation and enforcement. I further understand that all adult household members' income may be matched against the Wage Reporting System of the Massachusetts Department of Revenue (DOR) as disclosed in the Wage Match Notice below. I understand that the Mashpee Wampanoag Tribe shall use and hold personal information in its records relating to me, including my social security number, only for the program purposes described in this application, unless the Mashpee Wampanoag Tribe otherwise obtains my consent. The Mashpee Wampanoag Tribe shall keep this information confidential. Only employees of the Mashpee Wampanoag Tribe and the other agencies or entities described herein may see this information or keep it in their records for the purposes described herein. These other agencies or entities shall also keep this information confidential. If the Mashpee Wampanoag Tribe receives an order pursuant to legal process to release personal information to anyone else, it shall notify me. If I ask, the Mashpee Wampanoag Tribe shall answer my questions about how it keeps and uses this information. If I ask, I, or my authorized representative, shall have the right to inspect and copy information collected about me. I may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the Mashpee Wampanoag Tribe holds about me. If I object, the Mashpee Wampanoag Tribe shall investigate my objections and will either correct a problem or make my objection part of the file. If I am dissatisfied, I may appeal to DHCD. I understand in the event I receive Fuel Assistance and I am later determined to be ineligible, I shall be fully liable for the value of assistance received and that future benefits for which I become eligible may be reduced by any amount that I do not repay. I understand that I shall be fully liable for repayment for any Fuel Assistance benefits and/or the full value of any weatherization assistance or heating assistance labor and materials that I incorrectly receive as a result of any inaccurate, incomplete or fraudulent statements. I declare that I am the only person living in the household who has submitted this application for benefits, and that neither I nor any other member of my household has previously applied for assistance this program year. I authorize the Mashpee Wampanoag Tribe to transfer any and all of this information to the appropriate agency in the event that I move to another agency's service area and request assistance at a new address. I authorize the Mashpee Wampanoag Tribe to obtain a record of my annual energy consumption and cost from my heating company for purposes of program evaluation or operation. I understand that I have a right to file an appeal of the Mashpee Wampanoag Tribe's decision on my eligibility or benefits in accordance with the procedures of the program. I have read the above and agree to the conditions set forth therein. Massachusetts Department of Housing and Community Development.

**Signature of Applicant**

**Date**

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