



# Hoplend Band of Pomo Indians

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## APPLICATION CHECKLIST

Applications are available at the front desk of the Tribal Administration Building.

### REQUIRED DOCUMENTS:

- Completed Application
- Proof of Applicant's Tribal Membership
- Applicant's Government Issued ID Card
- Applicant's Social Security Number (card copy preferred)
- Verification of household members
- For all adults: Proof of Income (past 30 days) (i.e. Payroll Stub, SSI/SSP/SSA, GA/GR, TANF, Unemployment, Other, award letters, bank statement)
- Copy of Energy Bill

Staff will use your net income to determine eligibility. Priority will be given to households with elderly, young children or disabled residents. Applications may take up to four weeks to process. All requests for crisis services will be processed within 24 hours, and within 12 for life threatening crises. The application and all supporting attachments must be complete.

Return completed applications to the Tribal Office, or by e-mail to [accountingspecialist@hoplandtribe.com](mailto:accountingspecialist@hoplandtribe.com).

<b>2024-2025 INCOME GUIDELINES</b>
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<b>FAMILY SIZE</b>	<b>ANNUAL INCOME (MAXIMUM)</b>
<b>1</b>	<b>38,040</b>
<b>2</b>	<b>49,745</b>
<b>3</b>	<b>61,450</b>
<b>4</b>	<b>73,155</b>
<b>5</b>	<b>84,859</b>
<b>6</b>	<b>96,564</b>
<b>7</b>	<b>98,759</b>
<b>8</b>	<b>100,953</b>



# Hopland Band of Pomo Indians

## APPLICATION

[ ] ATTACH PG&E SHUT-OFF NOTICE, if no shut-off notice, explain need: \_\_\_\_\_  
\_\_\_\_\_

Do you have a working swamp cooler or air conditioner? YES NO

### APPLICANT

FIRST NAME

LAST NAME

TELEPHONE

MAILING ADDRESS

CITY, STATE ZIP

PHYSICAL ADDRESS

CITY, STATE, ZIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH

MEMBERSHIP NO.

### HOUSEHOLD MEMBERS

NAME

(Last, First, Middle)

RELATIONSHIP

(Son, Daughter, Spouse, Etc.)

DATE OF BIRTH

(mm/dd/yyyy)

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATTACH ADDITIONAL PAGES IF NECESSARY

**INCOME**

For all household members over the age of 18, please list all income for the past 30 days below, and attach proof. Income sources may include: employment, child support, elderly assistance, retirement, unemployment, SSI, Social Security, TANF, SSDI, etc.

DATE RECEIVED	WHO RECEIVED?	AMOUNT?	INCOME SOURCE?	GROSS/NET?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OTHER**

Are any household members over the age of 60 years?  
[ ] NO [ ] YES, list who: \_\_\_\_\_

Are any household members disabled or handicapped?  
[ ] NO [ ] YES, list who: \_\_\_\_\_

Has the household applied for energy assistance from any provider in the last 12 months?  
[ ] NO [ ] YES, list when, where, amount received (if any): \_\_\_\_\_

\_\_\_\_\_

**HOUSEHOLDS ARE ELIGIBLE FOR LIHEAP ONCE IN A 12 MONTH PERIOD**

I certify, by signing this application, that all information given is true and accurate. I authorize the Hopland Band of Pomo Indians to verify all statements on my application. I am aware that giving false information is subject to criminal penalties and denial of the application.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



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# Low Income Home Energy Assistance Program NO INCOME AFFIDAVIT

Please complete an affidavit for each person in the household over the age of 18, without employment or any income source.

I, \_\_\_\_\_, CERTIFY THAT:  
PRINT NAME

- ✓ I AM CURRENTLY UNEMPLOYED AND/OR NOT RECEIVING ANY BENEFITS OR INCOME
- ✓ MY LAST EMPLOYER WAS: \_\_\_\_\_ AND MY LAST DATE OF EMPLOYMENT WAS \_\_\_\_\_ AND AM NO LONGER EMPLOYED BECAUSE \_\_\_\_\_
- ✓ ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- ✓ I AM AWARE THAT THE HOPLAND TRIBE MAY VERIFY MY STATUS WITH THE EMPLOYMENT DEVELOPMENT DEPARTMENT OR OTHER NECESSARY AGENCIES, INCLUDING MY PREVIOUS EMPLOYER.
- ✓ I ACKNOWLEDGE THAT SUCH INFORMATION IS SUBJECT TO VERIFICATION AND THAT FALSIFYING INFORMATION SHALL BE GROUNDS FOR DENIAL AND REMIBURSEMNT OF ANY FUNDS RECEIVED FROM THIS PROGRAM

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE



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# Low Income Home Energy Assistance Program RESPONSIBILITY STATEMENT

I, \_\_\_\_\_, reside at: \_\_\_\_\_  
PRINT NAME STREET ADDRESS CITY, STATE ZIP

My utility bill is in the name of: \_\_\_\_\_

I am responsible for payment to \_\_\_\_\_  
LIST ENERGY SOURCE (i.e. PG&E)

Do you own your home? [ ] YES [ ] NO

Do you pay your own cooling costs? [ ] YES [ ] NO

Do you rent? [ ] YES [ ] NO

Does rent include payment for cooling? [ ] NO [ ] YES, How much? \_\_\_\_\_

I certify that the information I provided is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE