



**Navajo Nation Division of Social Services
NAVAJO FAMILY ASSISTANCE SERVICES**
Home Energy / Household Water and Wastewater
Application for Assistance



1. ADDRESS:							3. INCOME AND ASSISTANCE	
Physical Address:			City:	State:	Zip Code:	NN Rural Address #:		
Mailing Address (if different):			City:	State:	Zip Code:	Chapter you reside in?		
Home Phone No.:	Cell Phone No.:	Email:				Electricity? Yes / No	Indoor plumbing? Yes / No	
2. LIST OF NAMES AND INFORMATION FOR YOURSELF, AND ALL THE PEOPLE WHO LIVE WITH YOU. (Additional space on back)							3. INCOME AND ASSISTANCE	
Name (First and Last)	Social Security No.	Relationship	Date of Birth	Gender (M/F)	Disabled (Y/N)	Census No.	Income Amount? How often?	TANF, SNAP, SSI, SSB Amount? How often?
1.		Head of Household						
2.								
3.								
4.								
5.								
4. WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING? (Choose one, or both.)					5. REQUIRED DOCUMENTATION			
<input type="checkbox"/> LIHEAP <i>Low-Income Home Energy Assistance Program reduces the risk of unsafe heating & cooling practices.</i>					<i>Your application will not be processed without required documents. Please submit the following with your application.</i>			
Type of Assistance? (Select One:)	Heating <small>(select fuel type)</small>	Cooling <small>(select fuel type)</small>	Weatherization <small>(Select weatherization type)</small>	Crisis	<input type="checkbox"/> State Issued ID <small>(applicant only)</small>	<input type="checkbox"/> CIB <small>(all household members)</small>	<input type="checkbox"/> Social Security Card <small>(all household members)</small>	<input type="checkbox"/> Utility Invoice <small>(head of household's name)</small>
Fuel Type? (If Applicable:)	N/A	Wood / Coal / Pellets	Electric	Propane	Natural Gas	<input type="checkbox"/> Income Statement(s) <input type="checkbox"/> Proof of Residency <input type="checkbox"/> TANF / SNAP / SSI / SSB Award Letter(s)		
Weatherization Type? (If Applicable:)	N/A	Wood / Pellet Stove	Home Weatherization	HVAC Unit (heating, ventilation, & air conditioning)		Only when requested: <input type="checkbox"/> W-9 <input type="checkbox"/> (3) Price Quotes <input type="checkbox"/> Receipts		
<input type="checkbox"/> LIHWAP <i>Low Income Household Water Assistance Program provides funds to assist low-income households with water and wastewater bills.</i>					<input type="checkbox"/> Initial <i>I understand the need for verification and understand that if I am unable to provide the required documentation within ten (10) days of submission, my application will be denied.</i>			
Type of Assistance? (Select One:)	N/A	Septic Tank Services	Water / Waste Water	Water Hauling				
6. SELF ATTESTATION					7. ADDITIONAL RESOURCES			
Have you, or any member of your household, received similar assistance from another tribal, state or local program? Circle One: Yes / No If yes, what? _____ who? _____ when? _____ My signature below attests that I will use the funds for the intended purposes and that my personal information is true and accurate.					Do you need help with your rent? Yes / No Do you need help with your mortgage? Yes / No Do you need help with job preparation? Yes / No Do you need help with childcare? Yes / No Do you need services for abuse or neglect? Yes / No			
Applicant Signature: _____ Date: _____								
LIHEAP Date Approved:	Approval Amount:	Vendor Name:		Assistance Type:		Letter of Approval Sent:		
Date Denied:	Reason for Denial:						Letter of Denial Sent:	
LIHWAP Date Approved:	Approval Amount:	Vendor Name:		Assistance Type:		Letter of Approval Sent:		
Date Denied:	Reason for Denial:						Letter of Denial Sent:	
Interviewer:		Interviewer's Signature:			Title:		Telephone Number:	

OFFICE USE ONLY

ENERGY CRISIS INTERVENTION

TIME OF APPLICATION:

OFFICE:

SUPPLEMENTAL FUNDS:

REGISTRATION DATE:

HOH CIF#:

DECISION DATE:

Effective Jan. 19, 2022

