



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



<b>1. ADDRESS:</b>							<b>OFFICE USE ONLY</b>	
Physical Address:			City:	State:	Zip Code:	NN Rural Address #:		_____ <b>ENERGY CRISIS INTERVENTION</b> _____ <b>OFFICE:</b> _____ <b>SUPPLEMENTAL FUNDS:</b> _____ <b>REGISTRATION DATE:</b> _____ _____ <b>HOH CIF#:</b> _____ _____ <b>DECISION DATE:</b> _____
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		
<b>2. LIST OF NAMES AND INFORMATION FOR YOURSELF, AND ALL THE PEOPLE WHO LIVE WITH YOU. (Additional space on back)</b>							<b>3. INCOME AND ASSISTANCE</b>	
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.								
<b>4. WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING? (Choose one, or both.)</b>					<b>5. REQUIRED DOCUMENTATION</b>			
<input type="checkbox"/> <b>LIHEAP</b> <i>Low-Income Home Energy Assistance Program reduces the risk of unsafe heating &amp; cooling practices.</i>					<i>Your application will not be processed without required documents. Please submit the following with your application.</i>			
Type of Assistance? (Circle One:)	Heating (select fuel type)	Cooling (select fuel type)	Weatherization (Select weatherization type)	Crisis	<input type="checkbox"/> State Issued ID (applicant only)	<input type="checkbox"/> CIB (all household members)	<input type="checkbox"/> Social Security Card (all household members)	<input type="checkbox"/> Utility Invoice (head of household's name)
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"/> <b>LIHWAP</b> <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? (Circle One:)	Septic Tank Services	Water / Waste Water	Water Hauling					
<b>6. SELF ATTESTATION</b>					<b>7. ADDITIONAL RESOURCES</b>			
Have you, or any member of your household, received similar assistance from another tribal, state or local program? Circle One: Yes / No					Do you need help with your rent? Yes / No			
If yes, what? _____ who? _____ when? _____					Do you need help with your mortgage? Yes / No			
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 job preparation? Yes / No			
Applicant Signature: _____ Date: _____					Do you need help with childcare? Yes / No			
					Do you need services for abuse or neglect? Yes / No			
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:			

