

**LUMBEE TRIBE OF NORTH CAROLINA**

**DEPARTMENT OF ENERGY**

**HEATING ASSISTANCE PROGRAM**

**APPLICANT NAME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **F** |   | **M** |   | **L** |   |
| **Email Address:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MAILING** |  | Apt.  |  |  |   | **PUBLIC HOUSING** |
| **PHYSICAL** |   | Apt.  |  |  |   |   |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS#** | **SEX** | **DOB** | **TELEPHONE NUMBER** | **ALTERNATE NUMBER** | **INCOME** | **INCOME TYPE** | **MEDICAL DEDUCTIONS** | **FUEL TYPE** |
|  - -  |   |   |   |   |   |   |   |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TOTAL EARNED INCOME** | **EARNED INCOME DEDUCTION** | **CHILD CARE** | **COUNTABLE EARNED INCOME** | **TOTAL UNEARNED INCOME** | **GROSS COUNTABLE INCOME** |
|   |   |   |   |   |   |

**HOUSEHOLD MEMBERS**

**HOUSEHOLD MEMBERS**

**HOUSEHOLD MEMBERS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **SS#** | **DOB** | **RELATIONSHIP** | **INCOME** | **INCOME TYPE** | **MEDICAL DEDUCTIONS** |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 APPLICANT SIGNATURE DATE STAFF SIGNATURE DATE

I AGREE TO LET THE CASE WORKER KNOW OF ANY CHANGES IN ADDRESS WITHIN 5 DAYS. IT HAS BEEN EXPLAINED TO ME AND I UNDERSTAND THAT IT IS AGAINST THE LAW FOR ME TO MAKE FALSE STATEMENTS AS A RESULT TO RECEIVE SERVICE FOR WHICH I AM NOT ELIGIBLE. I UNDERSTAND I AM SUBJECT TO PROSECUTION IF I DO. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APLLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THIS INFORMATION MAY BE CHECKED BY A STATE OR FEDERAL REVIEWER, AND I AGREE TO THIS REVIEW. I GIVE THE AGENCY PERMISSION TO VERIFY ANY UTILITY SUBSIDIES, INCOME, AND ASSETS TO DETERMINE MY ELIGIBILITY.