

THE LIEAP PROGRAM

**THE FOLLOWING ITEMS MUST BE PROVIDED TO
RECEIVE ANY ASSISTANCE:**

- 1. A COPY OF TRIBAL CARD OF THE APPLICANT, SOCIAL SECURITY CARDS FOR EACH MEMBER OF THE HOUSEHOLD**
- 2. PAST 30 DAYS INCOME. ALL INCOME MUST BE PROVIDED! IF NO INCOME A “0” INCOME MUST BE FILLED OUT FOR EACH HOUSEHOLD MEMBER THAT IS OVER THE AGE OF 18 AND NOT WORKING!**
- 3. COMPLETE COPY OF ITEMIZED ENERGY BILL**

**YOU MUST CALL AND SCHEDULE AN APPOINTMENT. CALL
JASON PARKER OR KRIS SCHWIDERSON AT**

906-248-2527, 906-248-2528 or EMAIL: kschwiderson@baymills.org

**IF YOU DO NOT ALL INFORMATION REQUIRED YOUR
APPOINTMENT WILL CANCELED AND YOU WILL HAVE
TO RESCHEDULE FOR ANOTHER DAY**

**PLEASE READ CAREFULLY!!! You must be the custodial
parent or have 51% of custody to claim child(ren)**

**BAY MILLS INDIAN COMMUNITY
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)
FY >2022 APPLICATION**

Name:		Age:	Date:
Address:		Birthdate:	Social Security #:
City/Town:	State:	Zip Code:	Phone #:

TRIBAL MEMBER OF:

Bay Mills Indian Community
 Lac Vieux Desert
 Saginaw Chippewa Tribe
 Hannahville Indian Community
 Little Traverse Band
 Huron Potawatomi Tribe
 Gun Lake Tribe

OTHER HOUSEHOLD MEMBERS:

	Name	Age	Birthdate	Social Security #
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Have you applied for assistance this year (October 1, 2008-September 30, 2009)? Yes No

(For office use only)

INCOME: Documentation must be provided for all income.

Name	Income Source Code	Past 30 Days Income	X 12 = Annualized Income

INCOME SOURCE CODES: (Please Circle)

1. SS 2. Wages 3. SSI 4. Self Employment 5. Unemployment
 6. ADC 7. GA 8. Pension/Retirement 9. Other _____

Are any household members handicapped? _____ If yes, how many? _____

Do you own or rent your home? _____ If you rent, is heat included? _____

What types of fuel do you use to heat your home? Check all that apply.

- 1. Oil _____ 3. Natural Gas _____ 5. Electric _____ 7. Other _____
- 2. Wood _____ 4. Propane _____ 6. Coal _____

YOU MUST PUT ACCOUNT NUMBER AND VENDOR=S ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.

What vendor do you want as the Endorser? _____

Address: _____

Acct.#: _____

\$I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.

\$I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.

\$I understand that failure to provide all necessary information and documentation can result in denial of my application.

\$I hereby authorize the release of information by the appropriate agencies to the Inter-Tribal Council of Mich. for the purpose of verifying information needed to establish eligibility for the program.

\$I understand that I may request a hearing if I disagree with action taken on this application.

\$I understand that I have a right to a hearing if I do not receive a decision notice within that time.

\$I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.

APPLICANT=S SIGNATURE	DATE	LIEAP WORKER SIGNATURE	DATE
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REFERRALS: Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company.

Contact them for more information on:

- Weatherization
- Emergency Needs
- Utility Shut-off Protection
- Home Heating Tax Credit
- Energy Audit

\$I understand that a decision will be made concerning my application, and a decision notice will be issued within ten (10) working days upon receipt of application by Program Manager.

TABLE 1
Bay Mills Indian Community
LIAP Guidelines – FY’ 2022

Household Size	Income Guidelines
1	29,169
2	38,145
3	47,120
4	56,095
5	65,070
6	74,045

For family sizes greater than six persons, add 3% points to the percentage for a six person household (132) and multiply by 56,095.

TABLE 2
Benefit Level Matrix

% of Poverty Income	Fuel Oil	Propane	Electric	Natural Gas	Wood/Pellet
Under 50%	400.00	370.00	350.00	350.00	350.00
50.1%-75%	370.00	340.00	300.00	300.00	300.00
75%-100%	340.00	300.00	270.00	270.00	270.00

*NOTE: All awards will be rounded to the nearest dollar amount.