



**The Navajo Nation
 Navajo Division of Social Services
 Navajo Family Assistance Services
 CARES Act LIHEAP Assistance Checklist**

CONSUMER NAME: (Last, First, MI)		CENSUS NUMBER:
Customer Phone Number:		Customer Email:
DATE:	WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING: Please circle one: HEATING COOLING CRISIS	
To determine your eligibility for assistance, verification is required for the items marked below. (All documents must have matching names on their Birth Certificate, CIB, SSC and State ID/Driver License.) If you do not provide the verification requested by the date below, your application will be denied <u>or</u> your benefits will be terminated.		

You need to return the requested documents or verification no later than _____

REQUIRED	ITEMS	DATE RECEIVED
X	1. Verification of LIHEAP Receipts from prior years assistance FY _____	
X	2. Valid State Issued Driver's License/ID- (Applicant)	
X	3. Certification of Indian Blood/Tribal Enrollment Card- (All household members)	
X	4. Social Security Card - (All household members)	
X	5. Household Composition/Residency Verification (NFAS will provide for you)	
X	6. Utility Invoice/Bill (*Must be in Applicants Name)	
X	7. Updated W9 (*Must be in Applicants Name)	
X	8. Income (Employment/Self Employment) Statement of Truth-No income statement for 18yrs and older	
X	9. Public Assistance (SNAP/TANF/GA/Food distribution etc.)	
X	10. NFAS Self declaration	
	11. Energy Crisis Intervention Program (ECIP) Referral	

Statement of Understanding: I understand the need for the verification and understand that if I am unable to provide the information by the above due date, that my application will be denied or my assistance terminated.

CUSTOMER SIGNATURE		DATE
CASEWORKER SIGNATURE	PHONE NO.	DATE

Office	Head of Household CIF #		PRIORITY ___ 1. Elderly & Disabled ___ 2. Elderly (60) years or older ___ 3. Disabled ___ 4. Age five (5) or younger ___ 5. None	___ Energy Crisis Intervention
Registration Date ___/___/___	Interview Date ___/___/___	Decision Date ___/___/___		Time of application _____



The Navajo Nation
Navajo Division of Social Services
Navajo Family Assistance Services
LIHEAP



LIHEAP CARES Act LIHEAP

Reason for applying: _____

Answer all the questions on the form. You must sign and date Page 4 of the Application in order for it to be accepted.

APPLICANT SECTION

1. Address			
Physical Address	City	State	RA #
Mailing Address, if different from home address	City	State	Zip Code
Chapter you reside in	Home phone number		Cell phone number

OFFICE USE ONLY

2. List names and information for yourself and all the people who live with you.

Name (First and Last)	Social Security #	Relationship	Date of Birth	Gender (M/F)	Disabled (Y/N)	Tribal Enrollment No.
		Head of Household				

3. Income

Type of Income	Receiving Y, N, Pending	Who is the Recipient?	Amount Received?	How Often? (Weekly Bi-weekly, Monthly)	OFFICE USE ONLY

4. What type of assistance are you requesting (check one):

5. What type of assistance are you requesting (check one):

- a. Wood
- b. Coal
- c. Pellets
- d. Electricity
- e. Propane
- f. Natural Gas
- g. Wood/Coal/Pellet stove/Cooler
- h. Furnace Repair or Replacement
- i. Minor Home Repair
- j. Reconnection fee
(Applies to CARES Act LIHEAP only)

A. If you checked (d)Electricity, (e)Propane or (f)Natural Gas, is it included in your rent payment?

- Yes No

If No, what is the name of the energy company or fuel provider that you pay?

B. If you checked (g)Wood/Coal/Stove or Cooler; (h) Furnace Repair or Replacement; or (i) Minor Home Repair above:

Do you (check one): Rent or Own your home?

5. Have you or any member of your household received assistance for Home Heating, Home Cooling or Weatherization from another program?

- Yes No

If Yes, Who? _____ **When?** _____

CERTIFICATION

PLEASE READ THE INFORMATION BELOW , INITIAL EACH SECTION TO ACKNOWLEDGE THAT YOU UNDERSTAND THE INFORMATION PROVIDED IN THIS SECTION, AND SIGN THE APPLICATION. If you do not fully understand any of the certifications listed, wait to initial until after your Caseworker has explained in greater detail the certification requirement. Your initial and signature indicate you fully understand.

OFFICE USE ONLY

Initial _____	1. CUSTOMER RESPONSIBILITY - I understand and acknowledge that I am responsible for providing complete and accurate information, cooperating with NFAS staff, including, if necessary, NFAS Fraud Investigation Unit.
Initial _____	2. FAIR HEARING RIGHTS - I understand that if I do not agree with the decision made on my application for LIHEAP assistance, I have the right to appeal the decision by submitting a written appeal within ten (10) working days from the postmark date of the decision notice.
Initial _____	3. CONFIDENTIALITY - I understand that all information given to the NFAS for the purpose of establishing eligibility is confidential and, in compliance with the Navajo Nation Privacy and Access to Information Act, may not be released to a third party, unless I sign a Notarized Release of Information form authorizing the release of information to the third party.
Initial _____	4. RELEASE OF INFORMATION - I authorize the NFAS to contact any other agencies to obtain information necessary to determine my eligibility for LIHEAP assistance.
Initial _____	5. FRAUD PENALTIES - I understand that if I knowingly provide false information, including withholding information in order to receive benefits that I would not otherwise be eligible to receive, I may be disqualified from receiving LIHEAP assistance and services. In addition, I may be subject to criminal penalties under applicable tribal, state, or federal laws.
Initial _____	6. ONE TIME ASSISTANCE - I understand and acknowledge that my household is only eligible to receive LIHEAP assistance one time each fiscal year. To the best of my knowledge, no other member of my household has applied for LIHEAP assistance in accordance to the current Federal Fiscal Year (October 1 through September 30).
Initial _____	7. OVERPAYMENT - I understand that I must submit original receipts within sixty (60) working days from the date I receive the payment for total the assistance amount received. If I do not provide original receipts or provide receipts for less than the assistance amount, then the payment is considered an <u>overpayment</u>.I understand if I have an outstanding overpayment amount from prior assistance that I shall not be eligible to receive LIHEAP assistance for one (1) year or until such time the full amount of the overpayment is repaid to the Navajo Nation, or receipts are submitted for the full amount.

I declare under penalty of perjury that the statements made about persons in my home, income, and all other information I have given to NFAS are true and correct.

Customer Signature _____				Date _____	
Date Approved:	Approval Amount:	Vendor Name:	Assistance Type:	Date Denied	Reason for Denial:
Print Name	Interviewer's Signature		Title	Telephone number	

MAP

Please draw a map that would help us to contact you. On the map, identify any landmark sites or location of significant stores, major road crossings, etc. Indicate miles from the highway, and provide direction of north, east, south, west, northeast, southeast, southwest, and northwest.

N

W

E

S

ADDITIONAL HOUSEHOLD MEMBERS

Name (First and Last)	Social Security #	Relationship	Date of Birth	(M/F)	Disabled (Y/N)	Tribal Enrollment No.	OFFICE USE ONLY



NAVAJO FAMILY ASSISTANCE SERVICES

CARES Act Supplemental Funding

Low Income Home Energy Assistance Guideline

Title: CARES Act Supplemental LIHEAP Funding Guideline

Section One: General Information

- A. The Navajo Nation received a one-time non-recurring funding through the Coronavirus Aid, Relief, and Economic Recovery (CARES) Act (P.L. 116-136), which provided supplemental Low Income Home Energy Assistance Program (LIHEAP) funding to help “*prevent, prepare for, or respond to*” home energy needs surrounding the national public health pandemic created by the Coronavirus Disease of 2019 (COVID-19).
- B. The Navajo Family Assistance Services (NFAS) within the Navajo Division of Social Services currently administers the regular LIHEAP authorized by P.L. 97-35. Therefore, NFAS will administer and implement the CARES Act Supplemental LIHEAP Funding with these Guidelines.
- C. Due to the numerous Navajo Nation Executive Orders that closed the Navajo Nation government offices and Public Health Emergency Orders mandating guidance to mitigate COVID-19, NFAS will exercise grant flexibilities authorized by the Administration for Children and Families Memorandum IM-ACF-OA-2020-01 as it provides human service activities related to or affected by COVID-19.

Section Two: Purpose

- A. The NFAS will use the CARES Act Supplemental LIHEAP Funding for any purpose normally authorized by the federal LIHEAP statute (42 USC 8621 et seq.), including heating, cooling, crisis, weatherization assistance, case management for the reduction of home energy burden, and administrative costs.
- B. The severe rain, snow and wind storms, and mud could result in power outages and/or cause impassable road conditions preventing LIHEAP eligible individuals to travel for propane. Overall, it will create health and safety hazards due to the extreme cold during the winter months and extreme heat during the summer months, for which NFAS will use the CARES Act Supplemental LIHEAP Funding to provide LIHEAP eligible individuals with crisis assistance.



NAVAJO FAMILY ASSISTANCE SERVICES

CARES Act Supplemental Funding

Low Income Home Energy Assistance Guideline

Section Three: Eligibility Criteria

To determine eligibility, an Applicant and the household members must meet the following requirements:

A. Financial Eligibility Criteria

Gross Monthly Income

The Applicant's Total Gross Countable Monthly Income shall not exceed one hundred-fifty percent (150%) of the current National Poverty Guidelines for the applicable household size. The following shall be considered in the Gross Countable Monthly Income calculation:

1. Earned Income includes, but not limited to:
 - a. Hourly wages, salaries, or commissions;
 - b. Contract employment;
 - c. Stipend payment for performing a duty (e.g. board or commission, chapter official, or jury duty), excluding reimbursement for lodging, mileage, or meals in the performance of their duties; or
 - d. Self-Employment Income.

2. Disregard Income:

The following shall not be considered in the determination of eligibility for the CARES Act Supplemental LIHEAP Funding assistance:

 - a. Economic impact payment such as the federal stimulus and/or tribal hardship assistance, for a period of twelve (12) months from receipt;
 - b. CARES Act funded supplemental unemployment compensation;
 - c. Federal Income Tax refund; and
 - d. Land Buy-Back Program pursuant to the Claims Resolution Act of 2010, P.L. 111-291, Section 101 (f).

B. Non-Financial Eligibility Criteria

1. In order for the application to be considered, the following documents are required:
 - a. Certificate of Indian Blood (CIB) or Tribal Identification Card of the Applicant and household members. The names of the Applicant and household member noted on the CIB or Tribal Identification Card must match the names on the Social Security card and Government-issued identification card. This is required except for a household member that is a newborn under the age of three (3) months.



NAVAJO FAMILY ASSISTANCE SERVICES

CARES Act Supplemental Funding

Low Income Home Energy Assistance Guideline

- b. Social Security Card: A Social Security card will be required for the Applicant and household members, except a newborn under the age of three (3) months.
 - c. Government-issued Identification Card: A Government-issued identification card (e.g. driver's license, state identification card, tribal identification card, or passport) will be required of the Applicant only.
2. Service Delivery Area: An Applicant must reside within the territorial boundaries of the Navajo Nation.
 3. Household Assistance Limit: A household is defined as any individual or group of individuals who live together as one economic unit for whom residential energy is customarily purchased in common, or who make undesignated payments for energy in the form of rent.

C. COVID-19 Related Home Energy Needs

While everyone is impacted by COVID-19, the CARES Act Supplemental LIHEAP Funding will support the following circumstances, including but not limited to:

1. An Applicant and/or household member(s) have been tested positive with COVID-19 and are home recovering from the virus;
2. An Applicant and/or household member(s) was/is in quarantine or caring for family member(s) who tested positive for COVID-19;
3. An Applicant and/or household members suffered from lost wages, reduced wages, or lost employment due to business closure;
4. An Applicant and/or household members require temporary shelter to comply with "social distancing" guidelines due to a household member being tested positive for COVID-19;
5. An Applicant and/or household members' place of employment or school closure causing them to remain home and resulted in an increase of heating and cooling expenditures at the home; or
6. An Applicant, who experience power outage and/or impassable road conditions caused by severe rain, snow or wind storms, or mud creating health and safety hazards due to extreme cold during the winter months and extreme heat during the summer months, for which they will be eligible for crisis assistance.



NAVAJO FAMILY ASSISTANCE SERVICES
CARES Act Supplemental Funding
Low Income Home Energy Assistance Guideline

Section Four: Application Process

- A. Only one application per household will be accepted.
- B. An Applicant may apply for CARES Act Supplemental LIHEAP funding by submitting a completed CARES Act LIHEAP Application for Assistance, by mail, electronic mail, facsimile, or via drop box.
- C. The eligibility will be determined based on Section Three of these Guidelines.

Section Five: Type of Assistance

Based on availability of funds, an Applicant may apply for CARES Act Supplemental LIHEAP Funding and receive a one-time assistance for home heating, home cooling, or crisis assistance which may include service re-connection fee. Home heating includes electricity, natural gas, propane, wood, coal, or pellet. Home cooling includes electricity or cooling system unit.

Section Six: Assistance Priorities

Everyone is impacted by COVID-19; therefore, the CARES Act Supplemental LIHEAP Funding will be on, first come first serve basis, until the supplemental funding is fully expended by September 30, 2021.

Section Seven: Assistance and Appeal

- A. Payment Method: LIHEAP assistance payment will be issued to Applicants.
- B. Appeal: If an application is denied, a written appeal for reconsideration must be submitted to the NFAS Senior Program and Project Specialist within ten (10) working days of the receipt of the denial letter. The written appeal shall outline the reason(s) why the Applicant is disputing the denial of an application and should include supporting document(s) if any. The NFAS Senior Program and Project Specialist decision will be final.



THE NAVAJO NATION
NAVAJO NATION FAMILY ASSISTANCE SERVICES

HOUSEHOLD COMPOSITION/RESIDENCE VERIFICATION

(Name & Address of person completing this form)

--

The Navajo Nation Family Assistance Services (NNFAS) applicant, whose name appears below, requests the release of personal information to the NFAS. Please complete and return this form with your application to the NNFAS Office. **This form must be completed by someone not living in the home.**

CASEWORKER	OFFICE ADDRESS	TELEPHONE NUMBER

AUTHORIZATION TO RELEASE INFORMATION

I authorize and consent to the release of the information requested on this form to the Navajo Nation Family Assistance Services. I understand the information will be kept confidential and will only be used for eligibility determination of my NNFAS application.

APPLICANT NAME	CIB#	ADDRESS/APT. NO
APPLICANT SIGNATURE		DATE

IS THE HEAD OF HOUSEHOLD'S ADDRESS INDICATED BELOW CORRECT?	IF NO, PLEASE ENTER THE CORRECT ADDRESS BELOW:
Mailing Address: <input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Mailing Address:
Physical Address: <input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Physical Address:

CHECK (YES OR NO) TO INDICATE IF THE FOLLOWING PEOPLE LIVE IN THE HOME
(If a person lives in the home, but is not listed, please write his/her name(s) below):

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME OF THE PERSON WHO APPEARS ON THE LEASE?	WHO ACTUALLY PAY THE RENT?
--	----------------------------

AMOUNT OF RENT? \$	HOW OFTEN IS RENT DUE? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	DO YOU EXPECT ANY CHANGES IN THE RENT AMOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When _____ Amount \$
-----------------------	---	--

DOES ANYONE IN THE HOUSEHOLD WORK IN EXCHANGE FOR RENT, UTILITIES, ETC? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who? _____ Value of Work \$

DOES ANYONE NOT LIVING IN THE HOUSEHOLD PAY ANY OF THE ABOVE EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who
--

NAME OF PERSON COMPLETING THIS FORM	TITLE	TELEPHONE NUMBER	DATE



The Navajo Nation
Navajo Division of Social Services
Navajo Family Assistance Services
Self Declaration

The Navajo Family Assistance Services recognizes the impact that the COVID-19 Coronavirus may be having on families and individuals. The health and safety of the Navajo Nation's children and families and workforce remains a priority for the NFAS.

We realize that formal documentation to substantiate the impact may not be readily available. In order to expedite our ability to assist you, we have developed this Self Declaration form. Please check the items which apply to your situation.

Loss of Job

Job Lay Off

Reduction in Work Hours

Loss of Self Employment Income

Other (Please specify) _____

In the space provided, please describe how you or your family have been affected by the COVID-19 Coronavirus pandemic and the reason for the assistance you are seeking.

I certify that the above information is true and correct to the best of my knowledge. I further understand that the information will be verified and that I may be subject to prosecution for providing false or fraudulent information.

Applicant Signature

Date



The Navajo Nation Navajo Family Assistance Services

STATEMENT OF TRUTH

No income
Statement

Shelter
Statement

Request for Emergency
Assistance

Statement of
Truth

Please indicate below the services you are requesting?

No Income Statement (18years and older)

Please indicate below how you support yourself?

I, _____ certify that the above statement is true and correct to the
PRINT NAME
best of my knowledge and belief. I also understand that any false information given with the intent of
fraud is cause for penalty.

Signature

Date

