

WX APPLICATION CHECKLIST

- Complete application signed and dated
(Enclosed)
- Current 3-Months Income Verification-**No Income Verification**
(Paystub, TANF, GA, GAU, ect. **(Attached pg.4 sign & date)**)
- Consent of Consumption form filled out signed & dated
(Account & meter numbers)
- HIF (Household Information Form) form filled out,
signed & dated
- Proof of ownership (Driver's license, Utility bill, Mortgage payment
or Bank statement), Land lease, TSR or Tax Statement
(See Robyn Arnoux for lease. (509)258-4561)
- Copy of Enrollment card or CIB (Certificate of Indian Blood)
(See Vicky Raymond (509)458-6523)

Thanks,

Stephen Tsoodle
SIHA W/X Auditor



SPOKANE INDIAN HOUSING AUTHORITY

6403 Sherwood Addition Road, P.O. Box 195
 Wellpinit, WA 99040
 (509) 258-4523 Fax (509) 258-7188

Notice: Weatherization Applications

The Spokane Indian Housing Authority Weatherization Program (SIHA W/X) will be accepting applications for weatherization for Low-Income, LIHEAP and other eligible members of the community on the reservation that meet income criteria of the assistance program at the SIHA office. The W/X crew will focus on insulating floors, ceilings, indoor air quality and duct sealing on forced air furnaces and other energy related prescribed measures from a home energy audit.

1. Special efforts will be made to serve households with members who are either:
 - a. At or below 200 % of 2014 federal poverty guidelines.
 - b. Tribal member, residing on reservation.
 - c. Household with high energy burden.
 - d. Elderly (60 years of age or older).
 - e. Children under six years of age.
 - f. Persons with disabilities.
 - g. Other tribal member, residing on the reservation.
2. An additional priority category has been added to provide flexibility and maximize program effectiveness :
 - a. Applicants hindered by communication barriers, such as those who do not understand English or do not have easy access to common public news media.

We will begin accepting applications. If you have any questions, please contact me.

Stephen Tsoodle (W/X Auditor)

stephen@spokaneiha.com

INCOME LEVELS

Size of Family Unit	Threshold	200%
1.....	\$11,670	~ \$23,340
2.....	\$15,730	~ \$31,460
3.....	\$19,790	~ \$39,580
4.....	\$23,850	~ \$47,700
5.....	\$27,910	~ \$55,820
6.....	\$31,970	~ \$63,940
7.....	\$36,030	~ \$72,060
8.....	\$40,090	~ \$80,180
Each additional member add	\$4,060	~ \$8,120

SPOKANE INDIAN HOUSING AUTHORITY WEATHERIZATION APPLICATION

Applicant: _____ Date of Birth: _____
 Current Address: _____ Zip Code: _____
 Phone #: _____ Message #: _____ Cell #: _____
 e-mail address: _____
 Spokane Member: Yes: _____ No: _____ Enrollment Number: _____
 Member of other Tribe: Yes: _____ No: _____ Tribe: _____

Please provide proof of enrollment, copy of enrollment card or CIB

FAMILY COMPOSITION:

Name:	Relation to Head	Date of Birth	Please Indicate Disability
1.	HEAD		
2.			
3.			
4.			
5.			

**INCOME: ALL PARTICIPANTS MUST INCLUDE INFORMATION BELOW
TO INCLUDE CURRENT INCOME FOR PAST 3 MONTHS**

Family Member #	Employer Name, Address, and Phone Number	3 MONTHS CURRENT

Please Indicate Job Type: Full Time: _____ Part Time: _____ Seasonal: _____
 If job is part time or seasonal, how long will it last? _____
 Do you own or are presently buying a home? Yes: _____ No: _____
 Attach current home site lease or TSR or tax statement: _____
 Do you own or are presently buying a Manufactured home? Yes: _____ No: _____

SIGNATURE AND CONSENT TO RELEASE INFORMATION

In signing this application for housing, I declare that the above information is full, true, and complete to the best of my knowledge. I hereby authorize the Housing Authority to obtain any and all information necessary for the purpose of verifying the statements made above. Furthermore, I understand that this application is not a contract and is not binding in any manner. **I understand that if I am considered for selection further documentation will be required.**

DATE: _____ SIGNED: _____

RETURN TO:

**SPOKANE INDIAN HOUSING AUTHORITY
P.O. BOX 195
WELLPINIT, WA 99040**

*If you have any questions or need assistance filling out this application
Call us at: (509) 258-4523 or (888) 642-8055*

Declaration of No Income

I, _____ do hereby declare that I have not received any income for the

Month (s) of:

1. _____ 2. _____ 3. _____

The reason that I have had no income for the months listed above is as follows:

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

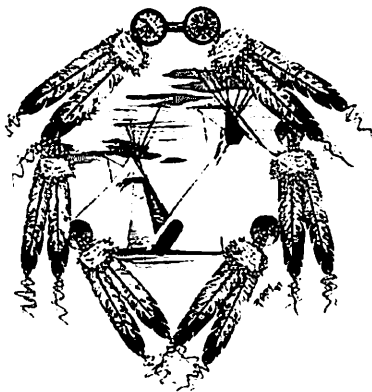
I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Client Signature

Date

Agency Representative

Date



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CONSENT FOR RELEASE OF CONSUMPTION INFORMATION

I _____, authorize the Avista Company to release consumption records to the Spokane Indian Housing Authority. I agree that a photo copy of this authorization may be used for the purposes stated above.

This authorization will stay in effect for as long as needed for participation in the weatherization process.

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

ACCOUNT # _____

METER # _____

SIGNATURE _____

DATE _____

WASHINGTON STATE LIHEAP HOUSEHOLD INFORMATION FORM

Exhibit 501

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Agency	Primary SSN	<input type="checkbox"/> EAP OR <input type="checkbox"/> Emergency EAP <input type="checkbox"/> Other Emergency Services (OES)	File # <hr/> (optional)
County:	Secondary SSN	<input type="checkbox"/> WAP (interested in WX?) <input type="checkbox"/> Tribal Member <input type="checkbox"/> Received Food Stamps <input type="checkbox"/> Heat with rent <input type="checkbox"/> Received EAP last program year	Household Members (voluntary) # of people in household who are: _____ 0 - 2 yrs _____ 60+ yrs _____ 3 - 5 yrs _____ Disabled _____ 6 - 17 yrs _____ MSFW
Certification Date	Secondary Applicant: _____ (Last Name) _____ (First Name)		

Section A: MAILING ADDRESS ↓ RESIDENCE ADDRESS ↓ (if different)

Primary Applicant: _____ (Last Name) _____ (First Name) _____ (Middle Initial)

Mailing Address: _____ Residence Addr: _____

City, State, Zip: _____ Residence City, Zip: _____

Phone: (____) _____ - _____ Msg. Phone: (____) _____ - _____ Lived at Residence: _____ yrs _____ mos.

Housing Status: 1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental 4 <input type="checkbox"/> Rm/Brdr 5 <input type="checkbox"/> Temp Hsg. S/mo. \$ _____	Housing Type: 1 <input type="checkbox"/> 1 - 3 Fam 2 <input type="checkbox"/> 4+ Fam 3 <input type="checkbox"/> Hi-Rise 4 <input type="checkbox"/> Mobile 5 <input type="checkbox"/> RV	Primary Heat Source: 1 <input type="checkbox"/> Electric 4 <input type="checkbox"/> Oil 2 <input type="checkbox"/> Nat Gas 5 <input type="checkbox"/> Wood 3 <input type="checkbox"/> Propane 6 <input type="checkbox"/> Coal # of Bedrooms: _____	Income/Benefits: 1 <input type="checkbox"/> SSI 5 <input type="checkbox"/> Social Security 2 <input type="checkbox"/> TANF 6 <input type="checkbox"/> Unempl. Comp. 3 <input type="checkbox"/> GAU 7 <input type="checkbox"/> Earned Income 4 <input type="checkbox"/> VA 8 <input type="checkbox"/> Pension 9 <input type="checkbox"/> Other	Total # People in Household: _____ Household's Monthly Income: \$ _____ .00
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Voluntary Data: Annual Heat Cost \$ _____
 Back Up Heat Cost Used Surrogate Data

Total Energy Use \$ _____

Section B: EAP

Female Primary Wage Earner? Yes No

Male _____ Female _____

Staff: _____ P.O.# _____

HOUSEHOLD ELIGIBILITY AMOUNT: \$ _____

Payment to Vendor(s) ↓ Direct Pay to Applicant →

#1: _____ Acct. # _____ \$ _____

#2: _____ Acct. # _____ \$ _____

TOTAL PAID TO DATE: \$ _____

Section C: OES

Race: American Indian or Alaskan Native _____
 Black or African American _____
 Native Hawaiian or Pacific Islander _____
 Asian _____
 White _____
 Multi-Racial _____

Target Group #1 _____
 Target Group #2 _____

Staff: _____ P.O.# _____

Heat system repairs/replacement: Vendor # _____ \$ _____
 Vendor # _____ \$ _____

Other repairs/services: Vendor # _____ \$ _____
 Vendor # _____ \$ _____

TOTAL SERVICES PROVIDED: \$ _____

I certify that I have provided and reviewed the above information, which is accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I further understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I feel I am eligible. I also give my permission for this agency and Washington State Department of Commerce (Commerce) to request/release necessary information that may result in my receiving benefits from this assistance request. I further give the above listed heating vendor(s) permission to establish a line of credit, and/or to release my account information to this agency or Commerce for current and future data analysis and eligibility determination. I understand that provision of my social security number is necessary to avoid duplicate energy assistance benefit payments to the same applicant household and may also be used for income verification (including Employment Security Unemployment Insurance and DSHS Food Stamp benefits). I hereby authorize energy program staff to use my social security number for those purposes only.

Applicant Signature: _____ Date: _____