

2022 WX APPLICATION CHECKLIST

- Complete application signed and dated
(Enclosed)

- Current 3-Months Income Verification
(Paystub, TANF, GA, GAU, SSA or SSI award statement letters, ect.)
or
(**Notarized**) Declaration of No Income Verification
(Enclosed)

- Consent For Release of Consumption Information – Account number,
Meter number, signed & dated.
(Enclosed)

- HIF (Household Information Form) form filled out,
signed & dated (**Social Security No. not applicable**)
(Enclosed)

A **complete** signed and dated application with listed documentation allows for eligibility verification review for quicker service.

Thanks,

Jesse Ramos
SIHA W/X Program Manager

Resources

SSA, SSI, Retirement, Disability, Social Security (Award Statement Letters)

www.socialsecurity.gov/myaccount go to **menu tab** on top of page.

(800) 772-1213

714 N Iron Bridge Way Ste. 100
Spokane, WA 99202

Earned Income (Pay Stubs)

Loretta Lowley

Spokane Tribal Administration Building

payroll.stoi@spokanetribe.com

(509) 458-6526

TANF/GA/GAU (Award Statement Letters)

Kim Le Bret

TANF

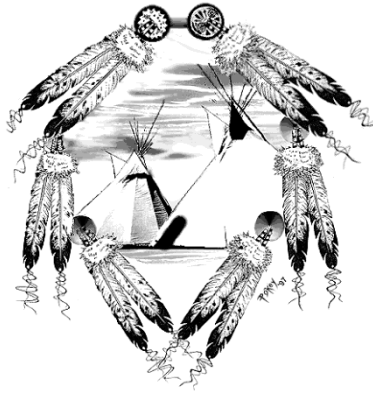
Spokane Tribal Administration Building

Spokane Tribal Administration Building

kiml@spokanetribe.com

(509) 458-8000 / (509) 458-8010

(509) 458-8000



SPOKANE INDIAN HOUSING AUTHORITY

6403 Sherwood Addition Road, P.O. Box 195
Wellpinit, WA 99040
(509) 818-1460 Fax (509) 258-7188

Notice: Weatherization Applicants

The Spokane Indian Housing Authority Weatherization Program (SIHA W/X) is accepting applications for weatherization for Low-Income, LIHEAP and other eligible members of the community on the reservation that meet 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 are made to serve households with members who are either:
 - a. At or below 200 % of 2022 federal poverty guidelines.
 - b. Tribal member, residing on reservation.
 - c. Household below 125% poverty level will be considered high energy burden.
 - d. Elderly (60 years of age or older).
 - e. Children 19 & under years of age.
 - f. Persons with disabilities.

2. An additional priority category was added to provide flexibility to maximize program effectiveness:
 - a. High residential energy user.
 - b. Applicants hindered by communication barriers, such as those who do not understand English or do not have easy access to common public news media.

If you have any questions, please contact me.

Jesse Ramos

W/X Program Manager

(509) 818 - 1486

jesse@spokaneiha.com

Washington State Low-Income Weatherization Program 2022 Income Eligibility Guidelines

The Federal guidance for the Washington State Low-Income Weatherization Program Eligibility Guidelines is 200 percent of federally established poverty guidelines. It is acceptable to consider total household income at or below 200 percent Federal Poverty Level (FPL) or 60 percent State Median Income (SMI), whichever is greater.

Columns A & B show that maximum monthly and annual income allowed at 200% FPL.

Columns C & D show maximum monthly and annual income for households at 60% SMI.

Further income documentation testing must be done to determine actual eligibility.

INCOME ELIGIBILITY GUIDELINES				
For Low-Income Wx Effective January 2022				
	200% FPL		60% SMI	
Household	Column A	Column B	Column C	Column D
Size	Maximum Monthly Income	Maximum Annual Income	Maximum Monthly Income	Maximum Annual Income
1	\$2,265	\$27,180	\$2,784	\$33,411
2	\$3,052	\$36,620	\$3,641	\$43,691
3	\$3,838	\$46,060	\$4,498	\$53,971
4	\$4,625	\$55,500	\$5,354	\$64,251
5	\$5,412	\$64,940	\$6,211	\$74,531
6	\$6,198	\$74,380	\$7,068	\$84,811
7	\$6,985	\$83,820	\$7,228	\$86,739
8	\$7,772	\$93,260	\$7,389	\$88,666
9	\$8,558	\$102,700	\$7,549	\$90,594
10	\$9,345	\$112,140	\$7,710	\$92,521
11	\$10,132	\$121,580	\$7,871	\$94,449
12	\$10,918	\$131,020	\$8,031	\$96,377
13	\$11,705	\$140,460	\$8,192	\$98,304
14	\$12,492	\$149,900	\$8,353	\$100,232
15	\$13,278	\$159,340	\$8,513	\$102,159
16	\$14,065	\$168,780	\$8,674	\$104,087
17	\$14,852	\$178,220	\$8,835	\$106,014
18	\$15,638	\$187,660	\$8,995	\$107,942
19	\$16,425	\$197,100	\$9,156	\$109,869
20	\$17,212	\$206,540	\$9,316	\$111,797

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) 818-1460 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: _____

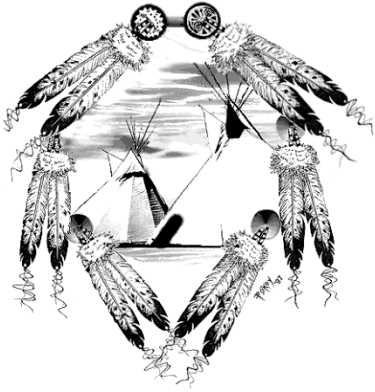
I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

_____	_____
Client Signature	Agency Representative
Date	Date

Subscribed and sworn to, before me this _____ day of _____, 2022.

My Commission Expires: _____

Notary Public



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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 WA. _____

ZIP CODE _____

ACCOUNT # _____

METER # _____

SIGNATURE _____

DATE _____

- WAP (interested in WX?)
- Tribal Member
- Received Food Stamps
- Heat with rent
- 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

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. \$/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:

Female Primary Wage Earner?
 Yes No

____ Male
 ____ Female

Ethnicity
 Hispanic or Latino
 Not Hisp or Latino

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

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: _____