

**“0” Income Form**

To determine your eligibility for the Low Income Energy Assistance Program you must furnish proof of all household income for the past 30 days prior to the date of your application.

If you had “0” income for the past 30 days, you must answer the following:

1. What was your income for the past three (3) months? (Amount, Source of income for all household members 18 years of age or older)

Name	Source	Amount

2. If you have utility bills, how do you pay them?

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3. How do you pay your rent?

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4. How do you get food for your household?

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I hereby certify that the information detailed above represents my household’s circumstances. The income listed is the total household income for each household member 18 years of age or older.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Outreach Worker/Program Director**

\_\_\_\_\_  
**Date**



**INTER-TRIBAL COUNCIL OF MICHIGAN, INC.  
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)  
FY 2017 APPLICATION**

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

**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, 2016-September 30, 2017)? Yes    No**

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**(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. DHS                      7. GA                      8. Pension/Retirement                      9. Other \_\_\_\_\_

# L.I.E.A.P.

(Low Income Energy Assistance Program)

## Required Documentation

<b>LIEAP Direct Assistance</b>	<b>LIEAP Emergency Crisis Intervention Portion</b>
Complete Application	Complete Application
Tribal ID	Tribal ID
Social Security Cards for ALL members of household	Social Security Cards for ALL members of household
30 Days Proof of Income or Current Federal Tax Return	30 Days Proof of Income or Current Federal Tax Return
Heating Bill	Heating Bill Shut Off Notice
	Written Denial from Other Source

# L.I.E.A.P.

## Income Guidelines

**FY'2017**

<b>Household Size</b>	<b>Income Guidelines</b>
<b>1</b>	<b>24,248</b>
<b>2</b>	<b>31,709</b>
<b>3</b>	<b>39,170</b>
<b>4</b>	<b>46,631</b>
<b>5</b>	<b>54,092</b>
<b>6</b>	<b>61,553</b>
<b>7</b>	<b>62,952</b>
<b>8</b>	<b>64,351</b>