



NAVAJO NATION FAMILY ASSISTANCE SERVICES

P.O. Box 2279 * Window Rock, AZ 86515

PH: 928.810.8592 FAX: 928.810.8557

LIHEAP 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 WEATHERIZATION		

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 or 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 assistance received 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.)	
	10. Energy Crisis Intervention Program (ECIP) Referral	
	11. Price Quotes from three different vendors for: - Weatherization (3)/Propane/AC unit (3)/Wood Stove Assistance (3)	

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 Time of application
Registration Date ___/___/___	Interview Date ___/___/___	Decision Date ___/___/___		



The Navajo Nation
Navajo Division of Social Services
Department for Self Reliance
Navajo Family Assistance Services
LIHEAP


 LIHEAP

 LIHEAP COVID-19

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				OFFICE USE ONLY
Physical Address	City	State	RA #	
Mailing Address, if different from home address	City	State	Zip Code	
Chapter you reside in	Contact number	Email Address		

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

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

a. Wood b. Coal c. Pellets d. Cooling Unit
 e. Electricity f. Propane g. Natural Gas
 h. Wood/Coal Stove Pellet Stove i. Furnace Repair or Replacement j. Minor Home Repair

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 (d) Cooling Unit (h) Wood/Coal/Pellet Stove; (h) Furnace Repair or Replacement; or (i) Minor Home Repair above:
 Do you (check one): Rent or Own your home?

6. 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 Request for Informal Hearing 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 I am not otherwise 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 ineligible to receive LIHEAP assistance for one year and until such time the full amount of the overpayment is repaid or receipts are submitted in full to the Navajo Nation.

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 detailed map to your resident in case we need 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



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) customer, whose name appears below, requests the release of personal information to the NNFAS. Please complete and return this form within ten (10) days from the date below to the NNFAS Office listed below. **This form must be completed by someone not living in the home.** *In addition, please draw a map to the residence in back of this form.*

CASEWORKER	DFS 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.

CONSUMER'S NAME	SOCIAL SECURITY NO	ADDRESS/APT. NO
CONSUMERS'S 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 live 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

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any) _____
<input type="checkbox"/> C Corporation	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> S Corporation	(Applies to accounts maintained outside the U.S.)
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Trust/estate	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input type="checkbox"/> Other (see instructions) ▶ _____	
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																				
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶		Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

