

# 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  
(see notary at SIHA office: **Regina Flett**)  
(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,

Stephen Tsoodle  
SIHA W/X Program Manager

# Resources

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

[www.socialsecurity.gov/myaccount](http://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)**

Alex Marquez

Spokane Tribal Administration Building

[alex.marquez@SpokaneTribe.com](mailto:alex.marquez@SpokaneTribe.com)

(509) 458-6526

## **TANF/GA/GAU (Award Statement Letters)**

Kim Le Bret

TANF

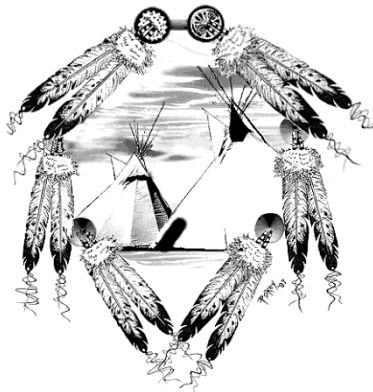
Spokane Tribal Administration Building

Spokane Tribal Administration Building

[kiml@spokanetribe.com](mailto: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 2020 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.

Stephen Tsoodle

W/X Program Manager

(509) 818 - 1486

[stephen@spokaneiha.com](mailto:stephen@spokaneiha.com)

# Washington State Low-Income Weatherization Program 2020 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.

<b>INCOME ELIGIBILITY GUIDELINES</b>				
Effective January 2020 for Low-Income Weatherization				
	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	\$2,127	\$25,520	\$2,517	\$30,204
2	\$2,873	\$34,480	\$3,291	\$39,497
3	\$3,620	\$43,440	\$4,066	\$48,791
4	\$4,367	\$52,400	\$4,840	\$58,084
5	\$5,113	\$61,360	\$5,615	\$67,377
6	\$5,860	\$70,320	\$6,389	\$76,671
7	\$6,607	\$79,280	\$6,534	\$78,413
8	\$7,353	\$88,240	\$6,680	\$80,156
9	\$8,100	\$97,200	\$6,825	\$81,898
10	\$8,847	\$106,160	\$6,970	\$83,641
11	\$9,593	\$115,120	\$7,115	\$85,383
12	\$10,340	\$124,080	\$7,261	\$87,126
13	\$11,087	\$133,040	\$7,406	\$88,869
14	\$11,833	\$142,000	\$7,551	\$90,611
15	\$12,580	\$150,960	\$7,696	\$92,354
16	\$13,327	\$159,920	\$7,841	\$94,096
17	\$14,073	\$168,880	\$7,987	\$95,839
18	\$14,820	\$177,840	\$8,132	\$97,581
19	\$15,567	\$186,800	\$8,277	\$99,324
20	\$16,313	\$195,760	\$8,422	\$101,066

# 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.	<b>HEAD</b>		
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	<b>3 MONTHS CURRENT</b>

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: \_\_\_\_\_

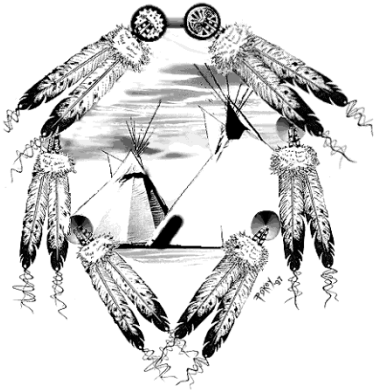
I certify that the information contained above is complete and accurate to the best of my knowledge.  
I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

\_\_\_\_\_  
Client Signature    Date    Agency Representative    Date

Subscribed and sworn to, before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public



# SPOKANE INDIAN HOUSING AUTHORITY

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

## 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 \_\_\_\_\_

**WASHINGTON STATE LIHEAP HOUSEHOLD INFORMATION FORM**

Exhibit 501

Page 1 of 1

<b>Agency</b> _____	<b>Primary SSN</b> [REDACTED]	<input type="checkbox"/> EAP <b>OR</b> <input type="checkbox"/> Emergency EAP <input type="checkbox"/> Other Emergency Services (OES)	<b>File #</b> _____ (optional)
<b>County:</b> _____	<b>Secondary SSN</b> [REDACTED]	<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	<b>Household Members (voluntary)</b> # of people in household who are: _____ 0 – 2 yrs _____ 60+ yrs _____ 3 – 5 yrs _____ Disabled _____ 6 – 17 yrs _____ MSFW
<b>Certification Date</b> _____	<b>Secondary Applicant:</b> _____ (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.

<b>Housing Status:</b> 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. \$ _____	<b>Housing Type:</b> 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	<b>Primary Heat Source:</b> 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: _____	<b>Income/Benefits:</b> 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	<b>Total # People in Household:</b> _____ <b>Household's Monthly Income:</b> \$ _____ .00
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**Voluntary Data:** **Annual Heat Cost \$** \_\_\_\_\_  
 Back Up Heat Cost  Used Surrogate Data

**Total Energy Use \$** \_\_\_\_\_

**Female Primary Wage Earner?**  Yes  No

**Section B: EAP** Staff: \_\_\_\_\_ P.O.# \_\_\_\_\_

**HOUSEHOLD ELIGIBILITY AMOUNT:** \$ \_\_\_\_\_ . \_\_\_\_\_

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

#1: \_\_\_\_\_ Acct. # \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_

#2: \_\_\_\_\_ Acct. # \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_

**TOTAL PAID TO DATE:** \$ \_\_\_\_\_ . \_\_\_\_\_

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

**Section C: OES** Staff: \_\_\_\_\_ P.O.# \_\_\_\_\_

Heat system repairs/replacement: Vendor # \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_  
Vendor # \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_

Other repairs/services: Vendor # \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_  
Vendor # \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_

**TOTAL SERVICES PROVIDED:** \$ \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_ Target Group #1  
\_\_\_\_ Target Group #2

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:** \_\_\_\_\_