

**PENOBSCOT NATION  
FY 2009 LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM**

In addition to Indian Island, the service area includes certain Penobscot households in the following municipalities: Alton, Argyle, Bradley, Costigan, Milford, Old Town, and Orono. If you live in one of these areas, you may be eligible to apply through PIN-LIHEAP. Please contact Human Services at 817-7492 for more information.

Please keep this flyer so that you can apply in time to meet your heating needs. ***Please note that due to problems we have encountered, we will not be able to “front” any deliveries for you, nor will we be able to make promissory calls to your vendor on your behalf.***

A household that is responsible for paying for its electricity and eligible for LIHEAP may also be eligible for a discounted electricity rate through Bangor Hydro. You must provide us with a copy of your most recent electricity bill. Please remember that even though the Bangor Hydro application can be done at the same time as the LIHEAP application, it is processed separately.

**Application Schedule**

The foregoing is the application schedule for this program year. Unless otherwise indicated, applications will be taken at the Human Services Building.

- Applications shall be taken from elderly households as follows:

October 13, 2008: 10:00 a.m.-11:00 a.m.	October 15, 2008: 1:00 p.m.-3:00 p.m.
October 14, 2008: 10:00 a.m.-11:00 a.m.	October 16, 2008: 8:30 a.m.-11:30 a.m.

**Applications will be taken at the Senior Meals site on October 13, and 14.**

- Applications shall be taken from households with special needs members and households with children age two (2) or younger as follows:

October 20, 2008: 8:30 a.m.-11:30 a.m.	October 22, 2008: 1:30 p.m.-3:30 p.m.
October 21, 2008: 1:30 p.m.-3:30 p.m.	October 23, 2008: 8:30 a.m.-11:30 a.m.

- Applications shall be taken from all segments of the population as follows:

October 27, 2008: 8:30 a.m.-11:30 a.m.	November 3, 2008: 8:30 a.m.-11:30 a.m.
October 28, 2008: 1:30 p.m.-3:30 p.m.	November 4, 2008: 1:30 p.m.-3:30 p.m.
October 29, 2008: 1:30 p.m.-3:30 p.m.	November 5, 2008: 1:30 p.m.-3:30 p.m.
October 30, 2008: 8:30 a.m.-11:30 a.m.	November 6, 2008: 8:30 a.m.-11:30 a.m.

**Thereafter, applications will be taken by appointment only until April 17, 2009.**

**Please call ahead for an appointment.**

**No appointment can be made after and no application will be taken after April 17, 2009.**

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**◆◆◆◆NEW INTAKE PROCEDURES IMPLEMENTED◆◆◆◆**

We are aware that the cost of fuel this year makes it even more important for us to be able to process applications as quickly as possible. In order for us to do this, we must have all the information we need, and we have instituted some procedures to expedite the application and certification process.

Attached to this notice is a checklist. Please bring it with you when you apply. Make sure you bring your electricity bill and other required documents with you. Also attached to this is the "income verification" form. This form needs to be completed for everyone who is 18 years of age or older and living in the household at the time you apply. If you need additional copies, you can get them at the Human Services office or you can download copies from the tribal website ([www.penobscotnation.org](http://www.penobscotnation.org)). Please have all adults in the household fill out the income verification form and bring all of them with you when you apply.

To make sure you can do your application when you come into the office, a staff person will be in the waiting area to review your checklist and supporting documents for completeness. If you have missing information, you will be asked to obtain the missing information before your application can be done.

**Reminder to recipients of Social Security benefits:**

Please remember that the Social Security Administration has advised us they will only respond to our requests for verification of social security benefits for a \$10.00 fee for each request. The Social Security Administration has implemented this policy on a nationwide basis due to a downsizing the agency has experienced. Since we are not able to pay this fee, we need you to provide us with a copy of the letter you received from the Social Security Administration specifying what your benefit amount is for 2008. If you are a resident in HUD housing, you might be able to get a copy of your 2008 benefit amount letter through the tribal housing office.

If you have misplaced that letter and need to get another one, only the beneficiary can request documentation free of charge. This can be done on the Social Security Administration's website ([ssa.gov](http://ssa.gov)). On the home page, there is a section called "What you can do online", and in the middle of that section, click the link called "Request a Proof of Income letter", and follow the instructions. You will receive the letter directly in about 10 days, so please remember that once you get it, you will need to give us a copy.

If you do not have Internet access, please feel free to come into the office and use one of our computers. If you need assistance in making your online request, we would be happy to help you when you come to the office.

PENOBSCOT NATION  
DEPARTMENT OF HUMAN SERVICES  
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Pre-Application Checklist

Everyone needs to bring the following:

- A copy of your most recent electricity bill (if you pay for electricity)
- Birth dates and Social Security numbers for everyone living in the household at the time you do your application.

Name: _____	Date of Birth _____	Social Security Number: _____
Name: _____	Date of Birth _____	Social Security Number: _____
Name: _____	Date of Birth _____	Social Security Number: _____
Name: _____	Date of Birth _____	Social Security Number: _____
Name: _____	Date of Birth _____	Social Security Number: _____
Name: _____	Date of Birth _____	Social Security Number: _____

Renters (except for those in units managed by the Penobscot Housing Authority) need to bring in the lease in effect at the time they apply. If the lease does not contain the landlord's mailing address and telephone number, please write them below:

Landlord Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town, State and Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

For those in the household who are employed, please bring employer names, mailing addresses and telephone numbers (voice and fax) for the previous 12 months. Please be advised that you may have to get income documentation yourself if the employer requires a fee to give out this information. We do not pay this kind of fee.

Household Member Name: _____	Household Member Name: _____
Employer: _____	Employer: _____
Empl. Mailing Add.: _____	Empl. Mailing Add.: _____
Tel. No.: _____	Tel. No.: _____
Fax No. _____	Fax No. _____
Start Date: _____ End Date: _____	Start Date: _____ End Date: _____

Household Member Name: _____	Household Member Name: _____
Employer: _____	Employer: _____
Empl. Mailing Add.: _____	Empl. Mailing Add.: _____
Tel. No.: _____	Tel. No.: _____
Fax No. _____	Fax No. _____
Start Date: _____ End Date: _____	Start Date: _____ End Date: _____

**PLEASE USE THE BACK OF THIS PAGE AS NEEDED.**

# Penobscot Indian Nation

Department of Human Services  
9 Sarah's Spring Drive  
Indian Island, ME 04468

Voice: (207)817-7492  
Fax: (207)827-2937



## LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

### Income Verification

I, \_\_\_\_\_, hereby certify that I have given consent to the Penobscot Indian Nation or its authorized representatives to verify my sources of income for the purpose of determining my eligibility for heating assistance. It is expressly understood that this information is for this purpose only and will remain confidential unless otherwise indicated by me in writing.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Social Security Number

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ First Request  
\_\_\_\_ Second Request  
\_\_\_\_ Third Request

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

The above-specified person has applied for assistance under our Home Energy Assistance Program, and in order to make an eligibility determination, we need to verify his/her **gross** income. In addition to the requested information, we would be most appreciative if you would provide computer printouts and any other pertinent information that your records may contain which may assist us in determining his/her eligibility. Please return this form to us as soon as possible. Thank you for your prompt attention to this matter.

1. For the **12-month** period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ (date this form was signed by applicant), his/her gross income was: \$ \_\_\_\_\_

2. For the **13-week** period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ (date this form was signed by applicant), his/her gross income was: \$ \_\_\_\_\_

3. Computer printouts or other information is being provided as follows: \_\_\_\_\_

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date