



## STAFF

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The Three Affiliated Tribes

## **LIHEAP**

**Low Income Home Energy Assistance Program FY 2026**

Office Number 701-627-2364

Fax # 701-627-2664

## **REQUIRED Documentation**

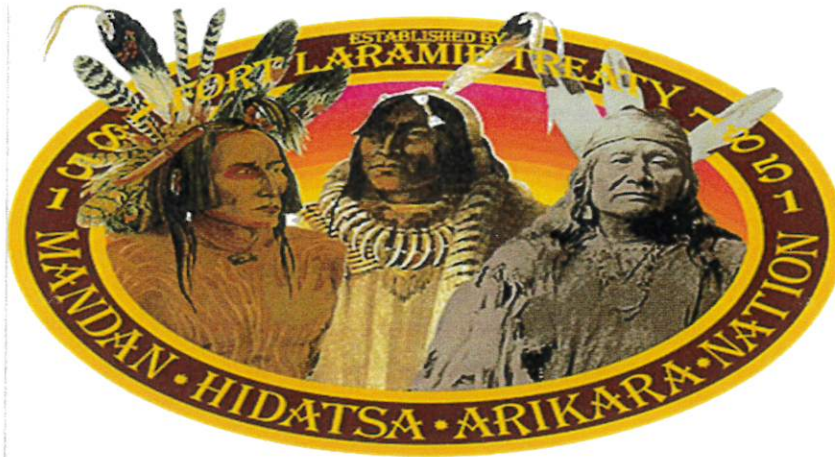
- **State or Tribal identification**
- **Social Security cards for ALL household members**
- **Lease or proof of home ownership**
- **Those 18 and over living in the household who are not employed MUST FILL OUT no income forms on page 7 & 8.**
- **Those 18 and over that are currently employed will need income verification**

## **House Hold INCOME LIMIT is on Page 2**

**Note:** Clients must have an accurate cell or home number, so this does not delay the application approval.

**NOTE:** Each eligible client can be awarded a crisis payment of up to \$10,000.00 for the fiscal year. **EXAMPLE:** If your main heating source is propane you could use the **CRISIS** payment toward electricity vice versa.

Head of Household's Name: \_\_\_\_\_  
(Last Name, First Name)



**Three Affiliated Tribes  
Low Income Home Energy Assistance Program  
(LIHEAP) FISCAL YEAR 2026**

Three Affiliated Tribes  
ATTN: LIHEAP Director  
307 5<sup>th</sup> Avenue  
New Town, ND 58763  
Telephone No.: (701) 627-2364  
Email: [aj.redfox@mhanation.com](mailto:aj.redfox@mhanation.com)  
[farhenfox@mhanation.com](mailto:farhenfox@mhanation.com)

The Three Affiliated Tribes' LIHEAP is a federally funded Program that assists low-income households with their home energy costs related to heating and cooling. The purpose of the LIHEAP is to *assist* with your energy needs, but not pay for all energy costs related to heating and/or cooling your home.

The applicant must be the head of a household in which at least one household member is a citizen of a federally recognized tribe and must reside on or within a twelve (12)-mile radius of the Fort Berthold Indian Reservation to qualify for this Program. If no household member of the applicant is a citizen of a federally recognized tribe, or if the applicant lives outside the 12-mile radius of the Fort Berthold Indian Reservation, then the applicant must apply to his/her local state program.

Please apply early, as there is limited funding available. Funding is granted to households that have submitted a complete application packet, and meet income guidelines. For an application packet to be considered complete, you must have all the required documents and signatures in your submitted application packet. If you are denied funding for whatever reason, you may appeal that decision or reapply to the Program. Also, you may apply for additional assistance if there is a change of circumstance.

Head of Household's Name: \_\_\_\_\_  
 (Last Name, First Name)

The Program will accept applications beginning on the Program Start Date and will continue to accept applications until the Program End Date, or until funds are depleted, whichever comes first. Below are the start date and end dates for each Program, and the minimum and maximum benefits for Fiscal Year 2026:

	Program Start Date/ Accept Applications	Program End Date/	Minimum Benefit	Maximum Benefit
Heating Assistance	October 1, 2025	April 30, 2026	\$2,689.00	\$11,478.00
Cooling Assistance	May 1, 2026	August 1, 2026	\$2,000.00	\$10,000.00
Crisis Assistance	October 1, 2025	September 30, 2026	Up to	\$10,000.00

A household's income must be at or below 60 percent of North Dakota's median income and within these limits. Below is the guideline for October 1, 2025-September 30, 2026:<sup>1</sup>

Household Size	1	2	3	4	5	6
Income Limit	\$40,531	\$53,003	\$65,474	\$77,946	\$90,417	\$102,888

Household Size	7	8	9	10	11	12
Income Limit	\$105,227	\$107,565	\$109,903	\$112,242	\$114,580	\$116,919

There is priority funding for households that meet certain conditions. Priority shall be given to households with members that are a targeted population for services under this Program. Target populations households include:

1. Elders
2. Disabled Persons
3. Families with children under the age of 6 years
4. Households with High Energy burdens

**We will verify with state, and/or other local programs, to see if you have received assistance through their programs.** Current LIHEAP guidelines require documentation of proof of identity for the LIHEAP applicant, as well as **providing the names of ALL persons residing in the household.** This information must be submitted with your LIHEAP application **or your application will be DENIED.** Your application is considered **"pending"** until all required documentation is reviewed. **Carefully read the entire application and answer all the questions in this application.** The Tribe has up to forty-five (45) business days to process an application. ***It is the responsibility of the applicant to provide the information requested and only completed applications will be processed.***

#### **YOUR RESPONSIBILITIES**

While the application is being processed, or if you are denied funding and appeal the decision, **it is your responsibility to ensure that you continue to pay your energy costs.** If you are in jeopardy of having no fuel or electricity to heat or cool your home, please immediately contact your energy source, request a deferred payment plan, and inform the company that you have applied for energy assistance.

You must inform LIHEAP if you, or any member of your household, has:

- Received assistance from another LIHEAP Program during the current fiscal year

<sup>1</sup> <https://www.nd.gov/dhs/services/financialhelp/energyassist.html>

Head of Household's Name: \_\_\_\_\_  
(Last Name, First Name)

- Moved to a new address
- Changed your fuel supplier and/or utility provider
- A need for assistance with the application (if you do not understand)
- Experienced any income changes

**MANDATORY DOCUMENTATION TO BE CONSIDERED FOR FUNDING**

1. **A Completed Signed LIHEAP Application**
2. **A Copy of a federally recognized tribe enrollment identification for all tribal citizens in household members** (Physical address' must match where services will be received.)
3. **Photo Identification**-If household members are not citizens of a federally recognized tribe and over the age of eighteen (18) years of age, photo identification is required. Acceptable photo identification includes: state identification card, state driver's license, United States Passport, etc.
4. **Social Security Cards for all Household Members** Social Security Cards are requested to verify all household members eligibility for the LIHEAP funding. § 205(c)(2)(C)(i) of Social Security Act, 42 U.S.C. §405(c)(2)(C)(i).
5. **Verification of Income** for the last 3 months. Examples of income verification include: Copy of previous year's income tax returns, Pay Stubs, Social Security Award Letters, Bank Statements, Unemployment Insurance, Retirement/Pension benefits, General Assistance, Temporary Assistance for Needy Families (TANF), Child Support, Interest, Dividends, Royalties, Veterans Administration Benefits for all Household members, etc.  
**OR**  
**Verification of NO Income Form** (attach documentation for each person in the household over the age of 18 years who currently has no income.)
6. **Copy of most current utility bill(s)**-Billing address must match where services will be received.
7. **Copy of Rental Lease or Deed to Home**-Building address must match where services will be received.
8. **Appeals Notice**
9. **Release of Information** to verify Program eligibility;
10. If requesting **Crisis Assistance**, there is an Assets Tests that must be met to qualify for funding, and additional documentation is also required. The additional documentation includes: shut-off notice or verification from heating or cooling company provider that services are terminated, or proof of a near empty or empty tank, and household must have exhausted all regular heating or cooling benefits.

**THE HEAD OF HOUSEHOLD'S SIGNATURE IS REQUIRED ON THE FOLLOWING PAGES**

Statement of No Income, if applicable, page 7  
Signature Page, page 9  
Appeal Notice, page 10  
Release of Information, page 14 and any Grievance/Appeal Form filed.

Head of Household's Name: \_\_\_\_\_  
(Last Name, First Name)

## Low Income Home Energy Assistance Program (LIHEAP) Application

### *Head of Household Information (Applicant)*

Name \_\_\_\_\_ Date \_\_\_\_\_

(Where services will be received)

Physical Address \_\_\_\_\_ DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Source of Income \_\_\_\_\_

Age \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex \_\_\_\_\_

Tribal Enrollment # \_\_\_\_\_ Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Other

#### Household Priority Status

#### Type(s) of Assistance Requested

\_\_\_\_\_ Elder (60 & over)

\_\_\_\_\_ Heating (October 1-April 30)

\_\_\_\_\_ Single (Head of Household)

\_\_\_\_\_ Cooling (May 1-August 1)

\_\_\_\_\_ Family with young children under 6 years

\_\_\_\_\_ Crisis (October 1-September 30)

\_\_\_\_\_ High Energy Burden

1. Is there anyone in your family that can be verified as disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who: \_\_\_\_\_ Do they receive SSI? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Is there anyone in your household receiving Veteran's Benefits, Workers Compensation, Child Support, Retirement Benefits, or Unemployment Benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who: \_\_\_\_\_ Amount & Frequency \$ \_\_\_\_\_

Head of Household's Name: \_\_\_\_\_  
(Last Name, First Name)

**Please list ALL current household members**

Name	Birth Date	Social Security #	Tribal Enrollment #

*(Please list any other additional household member on the back of this sheet)*

**Housing Information**

Type of Home: \_\_\_\_\_ House \_\_\_\_\_ Mobile Home \_\_\_\_\_ Duplex \_\_\_\_\_ Four Plex \_\_\_\_\_ Apartment Building

Housing Status: \_\_\_\_\_ Rent \_\_\_\_\_ Own What is the amount paid for Rent/Mortgage per month? \$ \_\_\_\_\_

How many bedrooms are on each floor? \_\_\_\_\_ Main Floor \_\_\_\_\_ Upstairs \_\_\_\_\_ Basement

If renting, please answer the questions below:

1. Does your rent include the cost of heating? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Do you receive any low-income utility allowance? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. What is your landlord's name and address?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Energy Source Information**

1. What is the main type of energy used to heat/cool your home? \_\_\_\_\_ Natural Gas \_\_\_\_\_ Electricity \_\_\_\_\_ Propane (\_\_\_\_\_ % Left in Tank) \_\_\_\_\_ Fuel Oil (\_\_\_\_\_ % Left in Tank) \_\_\_\_\_ Other (If other energy source, please indicate type: \_\_\_\_\_.)

Head of Household's Name: \_\_\_\_\_  
 (Last Name, First Name)

2. What energy companies supply heat and electricity to your home? (Must include a copy of your most recent utility bill.)

	Heating Source	Utility Company
Company Name		
Name on Account		
Account No.		

**Wage Information**

Please list your current gross household income for all household members, including the amount and frequency (bi-weekly, monthly, annually, etc.)

NOTE: WRITTEN PROOF OF THE ITEMS LISTED BELOW IS NECESSARY BEFORE YOUR APPLICATION WILL BE PROCESSED.

**\*\*\* CHECK YES OR NO ON ALL QUESTIONS \*\*\***

YES	NO	Source of Income	LAST MONTH <i>(Verification Required)</i>		THIS MONTH <i>(Verification Required)</i>		NEXT MONTH <i>(Anticipated)</i>	
			Amount	How Often	Amount	How Often	Amount	How Often
		Wages			\$		\$	
		Social Security			\$		\$	
		SSI			\$		\$	
		Pension/Annuity			\$		\$	
		General Assistance			\$		\$	
		Interest Income			\$		\$	
		Veteran 's			\$		\$	
		Child Support			\$		\$	
		TANF			\$		\$	
		Unemployment			\$		\$	
		Self-Employment			\$		\$	
		Worker's Comp.			\$		\$	
		Lease Income			\$		\$	
		Other			\$		\$	
		Other			\$		\$	



Head of Household's Name: \_\_\_\_\_  
(Last Name, First Name)

## VERIFICATION OF NO INCOME FORM

In order to determine the eligibility of \_\_\_\_\_ for LIHEAP assistance, please assist us by answering the questions below. **The person signing this form should not be an immediate member of the household applying for LIHEAP assistance OR an immediate relative of the applicant (example: husband, wife, brother, sister, aunt, uncle, grandparent, etc.)**

To my knowledge, \_\_\_\_\_ has not had any income for the past (check all that apply):

Week       Month       Year

The reason for this to be true is because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing this form, I acknowledge the information I have provided below is true and accurate to the best of my knowledge.*

Printed name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### BELOW IS FOR OFFICE USE ONLY

Date received \_\_\_\_\_ Signature of Director/Coordinator \_\_\_\_\_

Head of Household's Name: \_\_\_\_\_  
(Last Name, First Name)

**Signature Page**

I certify that I have read all the conditions of this application in regards to Three Affiliated Tribes' enrollment verification, household income, proof of identity, copies of Social Security Cards, the numbers of members in the household and any other required information on this application. I hereby authorize the LIHEAP Program of the Three Affiliated Tribes to make any necessary investigation of my household financial situation and other conditions relating to my eligibility.

I have been informed that any person who knowingly, willingly and fraudulently provides false information for the purpose of obtaining benefits which he or she is ineligible to receive will be prosecuted to the fullest extent under the law. I understand that knowingly giving false information may result in a fine, imprisonment or both. I also must pay back any benefits received as a result of giving wrong information. I agree to notify the Fuel Assistance Office whenever there are changes in the above information, and to refund upon request the value of unused energy, such as fuel oil or propane, purchased by LIHEAP.

I understand that I may request a copy of my completed application and the Policy and Procedures Manual.

\_\_\_\_\_  
Signature of Head of Household Applicant

\_\_\_\_\_  
Date

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**BELOW IS FOR OFFICE USE ONLY**

Income within the Program guidelines: \_\_\_\_\_ Yes \_\_\_\_\_ No Calculated Income: \$ \_\_\_\_\_

Priority Funding: \_\_\_\_\_ Yes \_\_\_\_\_ No Household Size: \_\_\_\_\_

Reason for Priority Funding: \_\_\_\_\_ Elder(s) \_\_\_\_\_ Disabled \_\_\_\_\_ Children under 6 \_\_\_\_\_ High Energy Burden

Approved for: \_\_\_\_\_ Heating \_\_\_\_\_ Cooling \_\_\_\_\_ Crisis Assistance Amount of Assistance: \$ \_\_\_\_\_

Authorized by the Three Affiliated Tribes LIHEAP Director: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Director/Coordinator

\_\_\_\_\_  
Date

Head of Household's Name: \_\_\_\_\_  
(Last Name, First Name)

## APPEALS NOTICE

By signing this Appeals Notice, I certify that the information provided in this application is true and correct to the best of my knowledge. I also authorize the TAT LIHEAP Program to verify the information I provided in this application with other agencies to determine my eligibility. If I am eligible for assistance, I will be told the amount of LIHEAP I will be assisted with, **OR** of my ineligibility and the reason(s) why I was denied services.

I understand that LIHEAP is a federally funded Program and that there are penalties for submitting fraudulent information on my application. I also understand that the TAT LIHEAP Program may choose to deny my application based on the discovery of clearly fraudulent information reported in my application. Should this occur, I understand that I will be denied LIHEAP assistance for a period of one (1) year. Should I choose to appeal that decision, and there is a final determination of fraud, I will be ineligible for a one (1) year period. In addition, a formal notice shall be mailed to the LIHEAP provider in my county of residence who may choose to deny me future LIHEAP services, at their discretion. The federal funding agency may also, at their discretion, choose to prosecute me under applicable federal laws.

**APPEALS PROCESS:** Any appeal of a final determination made in regards to a LIHEAP application shall be made in writing to the LIHEAP Director within 15 working days after written notification of your ineligibility is mailed to you. Upon receipt of the appeal, a meeting shall be scheduled within ten (10) business days between the head of household applicant and the LIHEAP Director to resolve the appeal. If the appeal cannot be resolved, then the formal appeals process as listed on pages 11 & 12, shall be followed.

If there is a final determination that the information in the application was clearly fraudulent by the Three Affiliated Tribes Business Council, the applicant will be denied LIHEAP assistance for a full 1-year period. No late documentation will be accepted after an appeal date has been set. All decisions made by the Three Affiliated Tribes Business Council shall be final.

**Appeals should be mailed to:** Three Affiliated Tribes  
ATTN: LIHEAP Director  
307 5<sup>th</sup> Avenue  
New Town, ND 58763

\_\_\_\_\_  
Head of Household Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director/Coordinator

\_\_\_\_\_  
Date

**FOR GRIEVANCES:**

You may file a Grievance if you feel that you have been mistreated by any of the LIHEAP Staff. You must file the grievance within ten (10) business days of the alleged incident of mistreatment, addressed to the LIHEAP Director. The LIHEAP Director will arrange a formal hearing regarding your grievance within fifteen (15) business days<sup>2</sup> of receipt of a Grievance/Appeal Form. The Director will investigate your claims, render a decision, and mail a response back to you within ten (10) business days of the formal hearing, at the address provided on the Grievance/Appeal Form.

If you are not satisfied with the decision provided by the LIHEAP Director, you will have ten (10) business days after the date of the mailing of the decision to notify the LIHEAP Director. Once you have notified the LIHEAP Director, the LIHEAP Director will arrange a grievance appeal hearing with the Three Affiliated Tribes' Chief Executive Officer within fifteen (15) business days, and will send you notice of the grievance appeal hearing at the address provided on the Grievance/Appeals Form.

After the grievance appeal hearing, the Chief Executive Officer will have ten (10) business days to review and render a final written decision. The Chief Executive Officer's written decision will be the final decision in satisfying the Grievance.

At all times, the head of household applicant is responsible for updating the LIHEAP Program of any contact information change, including but not limited to change of physical and mailing addresses, telephone numbers, and email addresses.

**FOR LIHEAP FUNDING PROGRAM APPEALS:**

If you do not agree with a funding decision, including the denial of funding, you have a right to an appeal. The person that is filing the appeal is known as the "appellant." After the appellant files the Grievance/Appeal Form, a Fair Hearing must be held in a manner that emphasizes fairness and impartiality.

The appellant has a right to the following: a formal appeal hearing held in a place convenient to the appellant; an opportunity to review all case files of appellant; formal appeals officers who are members of the Three Affiliated Tribes Business Council and who have not been involved in the matter that is being appealed; a representative to accompany appellant to the formal appeal; to present written and oral statements, and other evidence; to subpoena and cross examine witnesses (testimony is given under oath); and the right to have the formal appeal recorded. The decision is placed on the record.

Therefore, the following must be followed:

- Within fifteen (15) business days of the date and mailing by LIHEAP of the funding decision being appealed, the appellant must provide a written appeal by letter or on the Grievance/Appeal Form. The appeal must be addressed to the attention of the LIHEAP Director.
- Within ten (10) business days of receipt of the letter or the Grievance/Appeal Form, the Director must respond in writing to schedule an informal meeting with the appellant to resolve the grievance/appeal. If the

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<sup>2</sup> **Business Days** are the days between and including Monday to Friday, and do not include any Three Affiliated Tribes' recognized holidays and weekends.

Head of Household's Name: \_\_\_\_\_  
(Last Name, First Name)

Director cannot reach the applicant by mail, email, or telephone to schedule a meeting, the appeal will be determined closed after five (5) business days.

- Within ten (10) business days after the informal meeting, if no agreeable conclusion can be reached, the appellant can request a formal hearing before the Three Affiliated Tribes' Business Council.
- The Three Affiliated Tribes' Business Council's decision shall contain findings of fact based on policy, laws, and rulings previously made.
- The final decision shall be based solely upon the testimony and evidence presented during the appeal. The final decision will consider whether the LIHEAP office acted correctly in applying rules and regulations, policy material, and applicable statutes. The final decision shall contain findings of facts and a basis for the final decision.
- The Three Affiliated Tribes' Business Council's written decision shall be the final decision.
- If there is a final determination by the Three Affiliated Tribes' Business Council that the application was clearly fraudulent, the applicant shall be ineligible for LIHEAP Funding for one (1) year.

Head of Household's Name: \_\_\_\_\_  
(Last Name, First Name)



## GRIEVANCE/APPEAL FORM

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Please Check the Type: \_\_\_\_\_ Grievance \_\_\_\_\_ Appeal of Funding

Date of Incident/Decision: \_\_\_\_\_ *(Must be filed within fifteen (15) days of incident)*

LIHEAP Staff Member Involved: \_\_\_\_\_

State Grievance/Appeal: *(If you need more space please add additional sheets of paper)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: *(Person Filing Grievance/Appeal)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

Please return Grievance/Appeal Form to:  
MHA Nation

Head of Household's Name: \_\_\_\_\_  
(Last Name, First Name)

ATTN: LIHEAP Director  
307 5<sup>th</sup> Avenue  
New Town, ND 58763

### AUTHORIZATION TO RELEASE INFORMATION

#### Three Affiliated Tribes

Attn: LIHEAP  
Department of Social Services  
307 5<sup>th</sup> Avenue  
New Town, ND 58763  
Telephone No.: (701) 627-2364  
Email: aj.redfox@mhanation.com

I, \_\_\_\_\_, hereby authorize the Low Energy Home Assistance Program,  
(print name)  
a department of the Three Affiliated Tribes (TAT), and the organizations and/or individuals indicated below by my initials, to release and receive information concerning my application, and I have been informed of the type of information to be requested and released. The type of information that I agree to release to TAT LIHEAP, and that I agree TAT LIHEAP may further release to my energy supplier and to agencies with jurisdiction over the matter, is to verify information affecting my energy assistance eligibility and benefits. I further agree that my energy supplier may release to TAT LIHEAP information about my account and energy consumption.

Please **INITIAL** below by each bolded statement.

\_\_\_\_\_ **I hereby release the Three Affiliated Tribes and its agents, officials, and employees from any/ all liabilities, responsibilities, damages, and claims that might result from release and receiving of information authorized above.**

\_\_\_\_\_ **I hereby release my energy supplier and its agents and employees from any/ all liabilities, responsibilities, damages, and claims that might result from release and receiving of information authorized above. Energy Supplier: \_\_\_\_\_**

\_\_\_\_\_ **I understand that the above consent is subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.**

This release will be in effect for one year from the date it was signed unless terminated in writing earlier at the request of the client.

Printed name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Phone number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_