

**COLORADO RIVER INDIAN TRIBES
LIHEAP & TITLE IV ASSISTANCE PROGRAM
FY 2021**

[] HEATING/COOLING [] CRISIS ASSISTANCE [] TITLE IV

Name: _____ Social Security No. _____

Address: _____

Number of Persons in Household _____

Total Household Income \$ _____

Maximum Income Level \$ _____

Percent of Poverty _____ %

Utility Type _____ Gas & Electric _____ Electric Only

LIHEAP Award per Matrix \$ _____

Payment(s) issued:

Date	Vendor	Amount	Grant Balance
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No. of Elderly persons in the Household _____ 0

No. of Handicapped persons in the household _____ 0

Does anyone in the household receive _____ AFDC _____ GA

_____ F/S _____ SSI
_____ FDP

Remarks _____

_____ Approved _____ Denied Date _____, 20 _____

LIHEAP Coordinator

Social Services Manager or DHSS Director