



**Pueblo of Nambe - Application**

p: 505-455-4434 f: 505-455-2038 15A Bay Poe, Santa Fe, New Mexico 87506

**Low Income  
Home Energy (LIHEAP) & Household Water (LIHWAP)  
Assistance Programs**

**\*\*\*PLEASE SUBMIT TO THE ENROLLMENT OFFICE & PRINT LEGIBLY\*\*\***

**Primary Applicant Name:** \_\_\_\_\_

**1. ADDRESS**

Physical Address	Mailing Address	
City	City	
State	State	
Zip Code	Zip Code	
Telephone (Home)	(Cell)	(Work)

**2. HOUSEHOLD INFORMATION**

A. List names and information **for yourself and all** the people who live in your household.

	Name	Relationship	Social Security #	Gender	Date of Birth	Citizen	Disabled	For Office Use Only Enrollment #
1.		(Self)		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.				<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.				<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.				<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.				<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.				<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.				<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.				<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### 3. INCOME

A. Check all sources of income including benefits for all household members and attach proof of the income for the last 30 days.

<input type="checkbox"/> Employment	<input type="checkbox"/> General Assistance Benefits	<input type="checkbox"/> Veterans Compensation
<input type="checkbox"/> Unemployment	<input type="checkbox"/> TANF Benefits	<input type="checkbox"/> Commissions
<input type="checkbox"/> Social Security (SSA)	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Self-Employment Income
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other _____
<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Child Support	

B. List all the income information for each household member.

Name	Income Source	Amount \$	How Often (Wk/Bi-Wk/Mo)
1.			
2.			
3.			
4.			
5.			

### 4. ASSISTANCE TYPE

A. What type assistance do you need help with?

<input type="checkbox"/> Electric <input type="checkbox"/> Water/Wastewater
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### 5. CERTIFICATIONS & SIGNATURES

A. I understand and agree with the following statements as verified by my initials and signature:

\_\_\_\_\_ I certify that the information about persons in my home, income and all other information I have given the Pueblo of Nambe are true and correct.

\_\_\_\_\_ I certify and understand that I am only eligible to receive LIHEAP/LIHWAP assistance one time per Fiscal Year (October - September).

\_\_\_\_\_ I certify that to be eligible for assistance I must submit a current Electric and/or Water/Wastewater Bill. If I fail to provide all required documents I will automatically be disqualified.

\_\_\_\_\_ I certify that I can be penalized for any false information and/or documents provided under federal law and guidelines pertaining to the LIHEAP/LIHWAP funding program relating to eligibility.

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

Date: \_\_\_\_\_