



Navajo Nation Division of Social Services

Department of Family Services-Financial Assistance Program

Post Office Box 704, Window Rock, Arizona 86515

Phone: 928.810.8575 Fax: 928.810.8570

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Low Income Home Energy Assistance (LIHEAP) **FY2019** applications are available. Applications will be taken at the General Assistance field offices nearest your location. For additional information on LIHEAP intake, application drives and/or eligibility requirements please call or visit your local GA office.

Chinle

P.O. Box 1000
Chinle, AZ 86503
928.674.2039

Fort Defiance

P.O. Box 704
Window Rock, AZ 86515
928.810.8575

Gallup

P.O. Box 777
Gallup, NM 87301
505.726.9387

Dilkon

HC 63, Box J
Winslow, AZ 86047
928.657.8030

Pinon

P.O. Box 1000
Chinle, AZ 86503
928.725.3287

Shiprock

P.O. Box 3289
Shiprock, NM 87420
505.368.1185

Ganado

P.O. Box 210
Ganado, AZ 86505
928.755.5930

Kayenta

P.O. Box 520
Kayenta AZ 86033
928.697.5530

Crownpoint

P.O. Box 936
Crownpoint, NM 87313
505.786.2236

Tuba City/Kaibeto

P.O. Box 280
Tuba City, AZ 86045
928.283.3266/928.673.5860

Tohajiilee/Alamo

P.O. Box 3138
Tohajiilee, NM 87026
505.908.2549/575.854.2685

Bring all of the following documents to apply for LIHEAP

1. **VERIFICATION OF LIHEAP ASSISTANCE FOR ALL PRIOR YEARS (Receipts)**
Households that received wood/coal assistance are required to submit receipts totaling the full amount of assistance received for wood/coal products only. **(Must be within the ninety (90) days of assistance check date to be eligible for LIHEAP assistance.)**
2. **UPDATED DRIVERS LICENCSE/PHOTO IDENTIFICATION** (For applicant, ID/DL must match the mailing address on the application/Names should all be matching.)
3. **SOCIAL SECURITY CARD** (For all household members/names should all be matching)
4. **CIB/TRIBAL ENROLLEMENT CARD** (For all household members/altered documents will not be accepted/Names should all be matching)
5. **PROOF OF RESIDENCE** (Household Composition/Residence Verification)
6. **DETAILED MAP OF RESIDENCE** (Must include description of home)
7. **VERIFICATION OF INCOME** (For all household members)
8. **CURRENT ORIGINAL INVOICE/UTILITY STATEMENT/QUOTE** (Must be in the applicant's name)