

NAVAJO FAMILY ASSISTANCE SERVICES
CARES Act Supplemental Funding

**Low Income Home Energy Assistance Guidelines** 

Title: CARES Act Supplemental LIHEAP Funding Guidelines

**Section One: General Information** 

A. The Navajo Nation received a one-time, non-recurring, funding through the Coronavirus Aid,

Relief, and Economic Recovery (CARES) Act, P.L. 116-136, which provides supplemental Low

Income Home Energy Assistance Program (LIHEAP) funding to help "prevent, prepare for, or

respond to" home energy needs surrounding the national public health pandemic created by the

Coronavirus Disease of 2019 (COVID-19).

B. The Navajo Family Assistance Services (NFAS) within the Navajo Division of Social Services

currently administers the regular LIHEAP authorized by P.L. 97-35. Therefore, NFAS will

administer and implement the CARES Act Supplemental LIHEAP Funding with these Guidelines.

C. Due to the numerous Navajo Nation Executive Orders that closed Navajo Nation government

offices and Public Health Emergency Orders mandating guidance to mitigate COVID-19, NFAS

will exercise the grant flexibility authorized by the Administration for Children and Families

Memorandum IM-ACF-OA-2020-01 as it provides human services activities related to or affected

by COVID-19.

**Section Two: Purpose** 

A. The NFAS will use the CARES Act Supplemental LIHEAP Funding for any purpose normally

authorized by the federal LIHEAP statute (42 USC 8621 et. seq.), including heating, cooling,

crisis, weatherization assistance, and case management for the reduction of home energy burden.

B. The severe rain, snow, wind storms, and mud that could result in impassable road conditions

preventing eligible household members to travel for heating supplies, and may also result in power

outages. These adverse conditions could create health and safety hazards due to the extreme cold

during the winter months and extreme heat during the summer months, for which NFAS will use

the CARES Act Supplemental LIHEAP Funding to provide LIHEAP eligible households with

crisis assistance throughout the year.

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### Section Three: Eligibility Criteria

To determine eligibility, an applicant must meet the following requirements:

#### A. Financial Eligibility Criteria

Gross Monthly Income

The total Gross Countable Monthly Income of the applicant and household members shall not exceed 60% of the State Median Income for applicable household size.

The following shall be considered in the Gross Countable Monthly Income calculation:

- 1. Earned income includes, but is not limited to:
  - a. Hourly wages, salaries, or commission;
  - b. Contract employment;
  - Stipend payment for performing a duty (i.e., board, commission, chapter official, or jury duty), excluding reimbursement for lodging, mileage, or meals in the performance of their duties; or
  - d. Self-employment income.

#### 2. Disregard income:

The following shall not be considered in the determination of eligibility for the CARES Act Supplemental LIHEAP Funding assistance:

- a. Economic impact payments such as, but is not limited to: federal stimulus, tribal hardship assistance, and child tax credit, for a period of twelve (12) months from receipt;
- b. CARES Act funded supplemental unemployment compensation;
- c. Federal income tax refund; and
- d. Land Buy-Back Program pursuant to the Claims Resolution Act of 2010, P.L. 111-291, Section 101(f).

#### B. Required Documentation

- 1. In order for the application to be considered, the following documents are required:
  - a. Certificate of Indian Blood (CIB) or Tribal Identification Card of the applicant and household members, except newborns under three (3) months old.
  - b. Social security card: A social security card will be required for the applicant and household members, except newborns under three (3) months old.
  - c. Government-issued Identification Card: a government-issued identification card (e.g., driver's license, state identification card, tribal identification card, or passport) will be required of the applicant only.

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- 2. Service Delivery Area: In addition to the other provisions in these guidelines, the following would be deemed eligible to receive assistance:
  - a. Eligible Navajo members residing on the Navajo Nation; and
  - b. Eligible Navajo members residing off the Navajo Nation and residing in Arizona, New Mexico and Utah, and who are not receiving LIHEAP assistance in one of the above mentioned states.
- 3. Household Assistance Limit: A household is defined as any individual or group of individuals who live together as one economic unit for whom residential energy is customarily purchased in common, or who make undesignated payments for energy in the form of rent.

### C. COVID-19 Related Home Energy Needs

While everyone is impacted by COVID-19, the CARES Act Supplemental LIHEAP Funding will support the following circumstances, which includes but not limited to:

- 1. An applicant and/or household member(s) who has tested positive with COVID-19 and is home recovering from the COVID-19;
- 2. An applicant and/or household member(s) is/was in quarantine or caring for family member(s) who tested positive for COVID-19;
- 3. An applicant and/or household member(s) who suffered from lost wages, reduced wages, or lost employment due to business closure;
- 4. An applicant and/or household member(s) who required temporary shelter to comply with "social distancing" guidelines due to a household member(s) who tested positive for COVID-19;
- 5. An applicant and/or household member(s) whose place of employment or school closed causing them to remain home and resulted in an increase of heating and cooling expenditures at the home; or
- 6. A household that experienced power outage and/or impassable road conditions caused by severe rain, snow, wind storms, or mud creating health and safety hazards due to extreme cold during the winter months and/or extreme heat during the summer months.

#### **Section Four: Application Process**

- A. Only one application per household will be accepted.
- B. An applicant may apply for CARES Act Supplemental LIHEAP Funding by submitting a completed application for assistance by mail, electronic mail, facsimile, or via drop box.

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- C. The eligibility will be determined based on Section Three of these Guidelines.
- D. The NFAS will implement a fast track application process using prior year approved application for LIHEAP subject to NFAS verifying change in income and energy bill, for eligibility determination.

### **Section Five: Type of Assistance**

- A. An applicant may apply for CARES Act Supplemental LIHEAP Funding and receive a one-time assistance for home heating, home cooling, or crisis assistance which may include service reconnection fees. Home heating includes electricity, natural gas, propane, wood, coal, or pellet. Home cooling includes electricity or cooling system unit.
- B. To the extent permissible by respective tribal program policies, those households that are recipients of Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, and Supplemental Security Income may be determined to be categorically eligible to receive CARES Act Supplemental LIHEAP Funding assistance.
- C. Based on availability of funds, eligible households already approved for LIHEAP assistance during the current fiscal year may receive supplemental benefits.

#### **Section Six:** Assistance and Appeal

- A. Payment Method: CARES Act Supplemental LIHEAP Funding assistance payment will be issued to applicants.
- B. Appeal: If an applicant is denied, a written appeal for reconsideration must be submitted to the NFAS Senior Programs and Projects Specialist within ten (10) working days of the receipt of a denial letter. The written appeal shall outline the reason(s) why the applicant is disputing the denial of an application and should include supporting document(s), if any. The NFAS Senior Programs and Projects Specialist shall make a final decision within three (3) workings of the receipt of a written appeal.

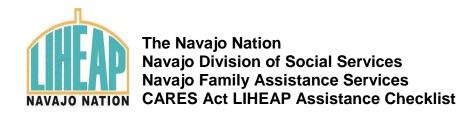
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Office:							E
							Energy Crisis Intervention
Registration Date	Head of Househo	old CIF#	In	terview Da	te	<b>Decision Date</b>	Crisis intervention
//				_//		//	Time of application
THE MAIN OF THE MA		Navajo Famil Low Income l	ion of Social S ly Assistance S Home Energy ion for Assista	Services Assistance	e Program	HEAP NAVAJO NATION	
		APPLIC	ANT SECTIO	N			
1. Address							
Physical Address		City		State	RA#		OFFICE LICE ONLY
Mailing Address, if different from home	address	City		State	Zip Code		OFFICE USE ONLY
avidining radicess, it different from nome	address			State	Esp code		
Chapter you reside in		Home phone number Cell		Cell phone number			
2. List names and information	for yourself and a	ıll the people v	vho live with y	ou.			
Name (First and Last)	Social Security #	Relationship	Date of Birth	Gender (M/F)	Disabled (Y/N)	Tribal Enrollment No.	
		Head of Household					

3. Income						
Type of Income	e	Receiving Y, N, Pending	Who is the Recipient?	Amount Received?	How Often? (Weekly Bi-weekly, Monthly)	OFFICE USE ONLY
	•					
	f assistance are y					
		HEATING _	COOLING WEATHERIZ	ZAION L CRISIS (se	lect one fuel type)	
Select only one	fuel type:					
a. 🗆 Wood/Co	al	b. $\square$ Pellets	c.   Electric (Heating)	d. 🗌 Electr	ric (Cooling)	
e.   Natural Gas  f.   Propane  g.   A/C Cooling Unit						
	any member of program, or Stat		l received similar assistance for istance?	Home Heating, Home Co	ooling or Weatherization	
If Yes, Who? _			When?			
			S Act LIHEAP funding is to be se the funds for the intended pu	<u>.</u>		
Customer Sig	nature			Date		
				IFICATION		
Data Annroyadı	Approval Amoun	nt•	Vendor Name:	Assistance Ty	no.	
Date Approved:	Approvai Ailiou		venuut tvaine.	Assistance Ty	με.	
Date Denied:	Reason for Denia	al:				
Print Name			Interviewer's Signature	Title		Telephone number

# ADDITIONAL HOUSEHOLD MEMBERS

Name	(First and Last)	Social Security #	Relationship	Date of Birth	Gender (M/F)	Disabled (Y/N)	Tribal Enrollment No.	OFFICE USE ONLY



CONSUMER NAME: (Las	t, First, MI)	CENSUS NUMBER:		
<b>Customer Phone Number:</b>		Customer Email:		
DATE:	WHAT TYPE OF ASSISTANCE A	RE YOU REQUESTING:		
	Please circle one: HEATIN	G COOLING WEATHERIZATION CRISIS		
To determine your eligibility for assistance, verification is required for the items marked below. <b>All required documents</b>				
must have matching nam	nes on the Birth Certificate, Certi	ficate of Indian Blood, Social Security Card, and		
<b>Identification Card</b> . If ye	ou do not provide the required docu	ments by the due date below, your application will be denied.		

You need to return the required documents or verification no later than \_\_\_\_\_

Required	Documents	Date Received
X	1. Driver's license, state identification card, tribal identification card,	
	or passport. (Applicant Only).	
	2. Certification of Indian Blood or Tribal Enrollment Card of the	
X	applicant and all household members, except newborns under 3	
	months old.	
X	3. Social Security Card of the applicant and all household members,	
A	except newborns under 3 months old.	
v	4. Gross Monthly Income (employment, contract employment,	
X	stipend, or self-employment income).	

Applicable	Additional Documents Based on Type of Assistance	Date Received
	1. Current signed W-9 Form must be in an applicant's name for wood, coal, or pellet only.	
	2. Utility bill or invoice must be in applicant's name for electricity, natural gas, or propane only.	
	3. Price quotation from three (3) different vendors for cooling system unit only.	
	4. Notice of public assistance such as TANF, SNAP, or SSI for categorical eligibility.	

Statement of Understanding: I understand the need for the documentation and if I am unable to provide the information by the above due date, I understand that my application will be denied.

CUSTOMER SIGNATURE	DATE

Complete W-9 Form only if you are applying for wood, coal, or pellets.



## **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
	2 Business name/disregarded entity name, if different from above						
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)					
ty ty	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner						
Print or type c Instruction	Note: Check the appropriate box in the line above for the tax classification of the single-member ov LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its own.	Exemption from FATCA reporting code (if any)					
cifi	Other (see instructions)	J.	(Applies to accounts maintained outside the U.S.)				
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)				
See							
0)	6 City, state, and ZIP code						
	7 List account number(s) here (optional)						
Par	Taxpayer Identification Number (TIN)						
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to ave		curity number				
reside	backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>						
TIN, la	ater.	or					
	Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and  Employer identification number						
Numb	per To Give the Requester for guidelines on whose number to enter.		-				
Par	t II Certification						
Unde	r penalties of perjury, I certify that:						
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of longer subject to backup withholding; and	I have not been n	otified by the Internal Revenue				
3. I ar	m a U.S. citizen or other U.S. person (defined below); and						
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g is correct.					
		., .					

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

	acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.				
Sign Here	Signature of U.S. person ▶	Date <b>▶</b>			

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.