

# Low Income Home Energy Assistance Program

Monacan Indian Nation

111 Highview Dr, Madison Heights, VA 24572

434-363-4864

[housing@monacannation.gov](mailto:housing@monacannation.gov)

## TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION		
Name:		Date: __/__/__
Address or P.O. Box #:		
City	State:	Zip:
County:		
Phone Number:		
Email Address:		
Tribal Enrollment Number:		

Do you or any member of your household have a family or business relationship with an employee of the Monacan Indian Nation Housing Authority or any Tribal Council Member?	
Yes	No

Which of the following services are you requesting? <i>You may select only one.</i>			
<input type="checkbox"/>	Heating Assistance	<input type="checkbox"/>	Crisis Assistance
<input type="checkbox"/>	Cooling Assistance	<input type="checkbox"/>	Weatherization Assistance
If weatherization assistance is requested, please describe below:			

What type of fuel source is used in your house?	
<input type="checkbox"/>	Electricity
<input type="checkbox"/>	Propane
<input type="checkbox"/>	Wood

## 1. Household Composition

Please complete the following table with information about everyone that lives in your household. You should include your information (the applicant) in the first row.

	Name of Family Member	Relationship to Applicant	Date of Birth	Sex (M or F)	Social Security Number*
1.		Self			
2.					
3.					
4.					
5.					
6.					
7.					

\*Social security number is required for all family members who are 6 years of age or older

Is anyone in your household over 60 years old?	<p style="text-align: center;"><b>Yes</b></p> <p><i>Please ensure their information is included in the table above.</i></p>	<b>No</b>
Is anyone in your household under 6 years old?	<p style="text-align: center;"><b>Yes</b></p> <p><i>Please ensure their information is included in the table above.</i></p>	<b>No</b>
Is anyone in your household disabled?	<p style="text-align: center;"><b>Yes</b></p> <p><i>Please ensure their information is included in the table above. Please include proof of disability with application.</i></p>	<b>No</b>

## 2. Estimated Family Income

### A. Income from Employment

Please complete the following table describing income earned by employment from all members of your household over 18 years old. You may include either a rate per month or a rate per year. For each row, a recent paystub must be submitted with your application. Note, please report gross income (pre-tax income)

Family Member	Employer Name	Rate per month	Rate per year

### B. Income from Other Sources

Type	Rate per Month	Rate per Year
Self-Employment Income		
Contract Income		
Unemployment Insurance		
Strike Pay		
SSA		
SSI		
Retirement / pension benefits		
One-time lump sum payments (lottery winnings, refund deposits, etc.)		
Rental Income		
Alimony		
Child Support		
Commissions		
Veterans Administration (VA) benefits		

### C. Benefits

<b>Do you or anyone in your household receive any of the following benefits?</b>		
<b>TANF</b>	<b>Yes</b>	<b>No</b>
<b>SSI</b>	<b>Yes</b>	<b>No</b>
<b>SNAP</b>	<b>Yes</b>	<b>No</b>
<b>Means-Tested Veterans Program</b>	<b>Yes</b>	<b>No</b>

If yes, please submit documentation demonstrating proof of enrollment in one of these programs. If the eligible individual is not the applicant, please submit additional documentation verifying they are part of your household.

### 3. Supporting Documentation

The following documentation are required to complete the file:

- Any of the following may be provided for proof of Identification. Proof of identification must be provided for all household members
  - Tribal enrollment card if applicable
  - Driver's license or other government issued ID
  - SS Card
  - Birth Certificate
  - Passport Picture I.D. for all household members or SS Card or Birth Certificate
- Any of the following may be provided for proof of residence. Proof of residence must be provided for all household members
  - Government issued ID or benefits letter with address
- Proof of Disability (if applicable)
- Any of the following may be provided for proof of employment income
  - 2 most recent pay stubs
  - Most recent 1040 Tax Return
- Documentation detailing the amounts must be provided for all other income sources listed.
- If receiving TANF, SSI, SNAP or Means-Tested Veterans Program
  - Documentation of enrollment in these programs.
  -

Other documents may be used on a case-by-case basis provided they show annual income or predicted annual income.

#### 4. Certifications

**Signature and consent to release information:** I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Monacan Indian Nation to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the MIN Housing Department if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

**Recipients:** I certify that the information provided on this form is true and complete to the best of my knowledge. In addition, I consent to allow the Monacan Indian Nation to request and obtain information for the purpose of verifying my eligibility for LIHEAP. I understand that falsification of any information may result in denial or repayment of assistance.

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

**Recipients:** I certify that I have read and reviewed the Monacan Indian Nation grievance policies outlined on the MIN Housing Department website and provided with my application. I understand that these policies outline the processes I must follow to file a grievance, my rights with regards to a grievance hearing and processes for said grievance hearing.

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY MIN HOUSING STAFF**

Applicant Name: \_\_\_\_\_

Date and time application was received by the MIN Housing Department

\_\_\_\_\_

Signature of employee receiving application

\_\_\_\_\_

**Step 1. Confirm Applicant Resides in the Service Area.**

County of Residence	Within Service Area	
	Yes	No

**Step 2. Determine Categorical Eligibility**

Did the applicant indicate they or anyone in their household receives TANF, SSI, SNAP or Means-Tested Veterans Program?	Yes	No
If yes, is the appropriate supporting documentation provided?	Yes	No

If applicant is categorically eligible, their income still needs to be determined. If their income is above the threshold, they should receive 1 income point.

**Step 3. Determine Applicants' Income Eligibility**

Review information provided in section 2. Estimated Family Income. Confirm information based on supporting documentation.

Household Members	Type of Income	Monthly Amount	Annual Income
<b>TOTAL COMBINED INCOME:</b>	<b>COMBINED MONTHLY INCOME</b>	<b>TOTAL ANNUAL INCOME</b>	

Comments/Notes

Household Size	60% of State Median Income	
1	\$41,809	
2	\$54,674	
3	\$67,538	
4	\$80,403	
5	\$93,267	
6	\$106,131	
For each additional person, add:	+\$2,412	
<b>IS HOUSEHOLD INCOME ELIGIBLE?</b>	YES	NO

**If Yes:** Proceed with Step 4: Calculate the Applicant’s Benefit Amount.

**If No:** Proceed to Step 3: Application Certification. Select denied and include income ineligible as the reason

**Step 4. Calculate the Applicants’ Benefit Amount**

A point system is used to determine a LIHEAP applicants’ benefit amount. Points are awarded according to the applicants’ income level, fuel type, household size and presence of vulnerable household members. Complete the following tables to determine the applicants’ number of points.

*Determine Income Points based on the applicants’ household size.			
Household Size	5 points	3 points	1 point
1	\$0-\$13,936	\$13,937-\$27,873	\$27,874-\$41,809
2	\$0-\$18,225	\$18,226-\$36,449	\$36,450-\$54,674
3	\$0-\$22,513	\$22,514-\$45,025	\$45,026-\$67,538
4	\$0-\$26,801	\$26,802-\$53,602	\$53,603-\$80,403
5	\$0-\$31,089	\$31,090-\$62,178	\$62,179-\$93,267
6	\$0-\$35,377	\$35,378-\$70,754	\$70,755-\$106,131
7+	See Appendix Table		
<b>Income Points</b>			

Household Size	Points	Fuel Type	Points
1-2 Persons	1 pts.	Propane	3 pts.
3-4 Persons	2 pts.	Electricity	2 pts.
5-6 Persons	3 pts.	Wood	1 pts.
Over 6 Persons	4 pts.		
<b>Household Points</b>		<b>Fuel Points</b>	

Vulnerable Populations	Points
-Elderly (>60yrs.) -Children (<6 yrs.) -Disabled	1 pts. Per vulnerable person living in household  <b>Examples:</b> A household with 63-year-old able-bodied adult, 50-year-old able-bodied adult and 2-year-old child would get 2 points. A household with a 63-year-old who is disabled, and 50-year-old able-bodied adult would get 1 point
<b>Vulnerable Populations Points</b>	

### Step 5. Application Certification

Total the number of points for each section to determine the applicants' benefit amount.

<b>Income Points</b>	
<b>Household Points</b>	
<b>Fuel Points</b>	
<b>Vulnerable Population Points</b>	
<b>Total</b>	

Number of Points	HEATING Maximum LIHEAP Benefit Amount	COOLING Maximum LIHEAP Benefit Amount
8+	\$3000	\$3000
5-7	\$1500	\$1500
1-4	\$375	\$375

APPROVED

DENIED

Approved Vendor: \_\_\_\_\_

Denied-Reason: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Concurred by: \_\_\_\_\_

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

## Crisis Program

The Monacan LIHEAP program provides benefits for winter, summer, or year-round crises, as funding allows. To be considered a crisis, the household must:

- Have received a shut-off notice or have a near empty tank
- Have exhausted their regular heating benefit

Received a shut-off notice or have a near empty tank?	Yes	No
Exhausted their regular heating benefit	Yes	No
<b>If both items are marked as Yes, the household is eligible for crisis benefits</b>		

Households with children six and under, elderly persons (over 60 years old), and individuals with a disability will be prioritized for crisis applications.

<b>Benefit Provided</b>	The amount to resolve the crisis, <b>up to \$3,000</b> will be provided.
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Completed by: _____	Date of Review: _____
Concurred by: _____	Date: _____

Appendix: Income Table for Large Households

Household Size	5 points	3 points	1 point
7	\$0-\$36,181	\$36,182-\$72,363	\$72,363-\$108,544
8	\$0-\$36,985	\$36,986-\$73,971	\$73,971-\$110,956
9	\$0-\$37,789	\$37,790-\$75,579	\$75,579-\$113,368
10	\$0-\$38,593	\$38,594-\$77,187	\$77,187-\$115,780
11	\$0-\$39,397	\$39,398-\$78,795	\$78,795-\$118,192
12	\$0-\$40,201	\$40,202-\$80,403	\$80,403-\$120,604



**MONACAN INDIAN NATION HOUSING DEPARTMENT**  
**111 Highview Drive Madison Heights, Va 24572**  
**GRIEVANCE**  
**POLICY & PROCEDURES**

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## **Chapter 1 Policy Statement.**

This Grievance Policy and Procedures (this "Policy") has been adopted by the Monacan Indian Nation Housing Department (MINHD) to establish the general principles and procedures by which MINHD provides for and hears disputes brought against MINHD by its program participants and applicants, in a fair and impartial manner.

These policies and procedures are intended to provide due process to everyone involved along with being in compliance with all state, federal, and tribal laws, which have precedence. Nothing contained in these grievance procedures shall waive any sovereign immunity that the Monacan Indian Nation (MIN) may have.

This grievance process does not apply to MINHD employees except as they may file a grievance as a participant, nor does it apply to vendors or contractors.

These policies and procedures shall be provided to all Participants of any programs offered by the MINHD. It shall be made available to the public and shall be prominently posted in the MINHD office.

## **Chapter 2 Definitions.**

- A. **Governing body** shall mean the Tribal Council, of the MIN.
- B. **Participant** shall mean any individual who has applied for, has been awarded, or is currently participating in any MINHD program. Expressly excluded are individuals whose leases, homeownership agreements, or any other rights to occupancy are being terminated or who are being evicted. All such individuals are not allowed to file a grievance
- C. **Grievance** shall mean any dispute which a Participant may have with respect to MINHD action or failure to act with respect to any MINHD program and which is presented to the MINHD in accordance with these grievance procedures. Expressly excluded are any matters involving the HUD 184 Loan Guarantee program. Also expressly excluded are disputes involving termination of leases, homeownership agreements, or any other rights to occupancy or evictions except that this does not alter any right of review or examination of documents under certain such proceedings as provided by the Native American Housing and Self-Determination Act of 1996 (NAHASDA).

- D. **The Grievance Officer** shall be an impartial (person or group) appointed by the Tribal Administrator of the MIN.
- E. **Complainant** shall mean any Participant who has presented a grievance to the MINHD in accordance with these grievance procedures.
- F. **Grievance Hearing** shall mean the presentation to the Grievance Officer of the complaint and MINHD's response to the complaint. The MINHD's Tribal Administrator and/or legal counsel along with other pertinent MINHD's employees shall be present at the hearing along with the complainant's representative if applicable.

### **Chapter 3 Procedures.**

**A. Prior to a hearing.**

- (1) These grievance procedures allow decisions, actions or inaction of MINHD staff or governing body to be appealed or reviewed by Participants who are directly impacted or affected so long as certain required procedures are followed.
- (2) To facilitate the process, the complainant may first present his/her case in person or by phone to the HUD Housing Program Manager to resolve the issue before it goes to a formal Hearing. If there is no resolution to the issue, the grievance will then be provided in written form.
- (3) Before filing a grievance, the complainant should review the program agreement he/she has with the MINHD to assure that he/she has a valid complaint.
- (4) The complainant should use MINHD's grievance policy in every attempt to resolve the issue before contacting the Dept. of Housing and Urban Development (HUD).
- (5) The grievance may simply state the grounds upon which the complaint is based and the desired outcome.

- (6) Any grievance must be in writing and signed by a Participant and personally delivered to the Tribal Administrator or designated MINHD employee or sent by certified mail no later than 7 days after the MINHD decision, action or inaction occurs.
- (7) The Tribal Administrator, HUD Housing Program Manager and the complainant shall make every effort to attempt to find resolution prior to the complainant requesting a grievance hearing.
- (8) The Tribal Administrator or designated employee shall respond in writing within 7 days after receiving a grievance. The response shall be personally delivered or delivered by certified mail to the complainant. A copy of the response shall be attached to complainant's grievance.
- (9) The MINHD's response should specify the proposed action to be taken to resolve the complaint, the right of the complainant to a hearing before the Grievance Officer and the procedure for requesting such a hearing.
- (10) If the complainant is dissatisfied with the proposed action to resolve the grievance, the complainant may request a hearing before the Grievance Officer. The request for a hearing must be made within 7 days of the date on the MINHD's written response. The request for a hearing must be in writing and personally delivered to the MINHD office or sent by certified mail.
- (11) If the complainant does not request a hearing within 7 days after receiving the MINHD's response to the grievance, the complainant waives his/her right to a hearing and the MINHD's proposed disposition of the grievance shall become final.

**B. Hearing.**

- (1) If the complainant requests a hearing within 7 days of the date of the MINHD's written response, the Tribal Administrator shall notify the Grievance Officer in writing of the request and shall schedule the hearing to be held within 30 days of the complainant's request for a hearing.
- (2) Written acknowledgment of the request and notice of the scheduled Grievance Hearing date, time and place shall be provided by the Tribal Administrator to the complainant at least 14 days prior to the hearing date. The written acknowledgement may be personally delivered or sent by certified mail.
- (3) Before attending the Grievance Hearing, the complainant should review the Grievance Policy to acquaint himself/herself with the proceedings.
- (4) The appointed Grievance Officer shall preside over the Grievance Hearing and shall make the final determination as to questions of rules and procedure. The Grievance Officer may be advised by and consult with MINHD staff or legal counsel on procedural matters during this process.
- (5) The Grievance Officer, MINHD staff, and complainants shall treat each other respectfully and fairly when handling, hearing or presenting a grievance.
- (6) The Grievance Officer shall require all in attendance to conduct themselves in an orderly fashion during the Grievance Hearing. Failure to comply with the directions of the Grievance Officer to obtain order may result in exclusion from the proceedings or in a decision adverse to the interest of the disorderly party and automatic granting or denying the action sought.
- (7) Grievance matters, including the Grievance Hearing may be confidential and not open to the public.
- (8) The complainant has the right to review all files and documents that were used by the MINHD in its original decision.
- (9) Both the complainant and a representative of the MINHD, who may be the same person who is providing information to the Grievance Officer, shall make verbal arguments at the Grievance Hearing. The complainant may have a representative speak on his/her behalf.

- (10) The Grievance Hearing shall be conducted informally by the Grievance Officer and verbal or written evidence pertinent to the facts and issues raised by the complainant will be received without regard to admissibility under the rules of evidence applicable to judicial proceedings.
- (11) After due consideration is given to a Grievance, a final decision will be made by the Grievance Officer whether to sustain, reverse or modify the decision, action or inaction challenged. A written decision shall be promptly given to the Complainant no later than 5 days, for after the hearing. **(Note: in most cases, the decision of the Grievance Officer or Panel is binding and the complainant's next step in the appeal process would be tribal or state court. In other cases, tribal law may allow for grievances to be heard before the Board of Commissioners and/or the tribe's governing body before going to court.)**
- (12) Failure to follow any requirement of these grievance procedures shall allow the Grievance Officer to dismiss the grievance with no further consideration.
- (13) Filing a grievance shall not suspend, negate, delay or disrupt the implementation of an MINHD decision or action.
- (14) The provisions of these procedures shall not apply when any grievance concerns involve any criminal activity that threatens the health or safety of, or the right to a peaceful environment of other Participants, neighbors, or MINHD employees OR any criminal activity, including drug-related activity, by Participants, their household members, guests affecting premises.
- (15) Should the complainant fail to appear at the Grievance Hearing, the Grievance Officer may – (1) Dismiss the Grievance (2) Proceed without the complainant, or (3) Reschedule the hearing ONE time if the complainant has provided a valid reason for failing to appear.
- (16) Filing a grievance shall not affect the relationship between the MINHD and the complainant with regards to the provision of other services.



Enacted, on this day, 9<sup>th</sup> of April, 2020, in Amherst, Virginia.

Kenneth Branham 4-9-20  
Chief Kenneth Branham Date

**MONACAN INDIAN NATION  
GRIEVANCE FILING FORM**

Your Name: \_\_\_\_\_

Street Address or P.O. Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # where you can be contacted: \_\_\_\_\_

Member Number \_\_\_\_\_

What program does grievance apply to? \_\_\_\_\_

Is this the initial complaint or part of an existing grievance previously filed? If existing, please include prior response, in which you are contesting. \_\_\_\_\_

Description of complaint:

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

Complainant/Member \_\_\_\_\_ Date \_\_\_\_\_

**\*OFFICE USE ONLY\***

Date received at the MINHD \_\_\_\_\_

Received by \_\_\_\_\_

Signature and Date of MINHD representative \_\_\_\_\_

Final Outcome:

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

Date of Notification to Complainant/Member \_\_\_\_\_