

# Ma-Chis Lower Creek Indian Tribe of Alabama



2950 Coffee County Road 377  
Telephone: (334)897- 3207  
[machis@centurytel.net](mailto:machis@centurytel.net)

Elba, Alabama 36323  
Fax: (334)897-2950  
[www.machis tribe.net](http://www.machis tribe.net)

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

Areas highlighted in bright green pertains to the LIHWAP Grant.

Type of assistance requested: **Circle all that applies:** Heating Cooling Heating Crisis Year around  
Crisis Weatherization Water Wastewater (Sewage) Food School supplies

Other: \_\_\_\_\_

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

Address: (Mailing) \_\_\_\_\_

\_\_\_\_\_

Physical Address if different form mailing addresses: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status (circle one). Single Married Divorced Widow Separation (Must have proof of separation)

**Source of Income for household:** Circle all that applies for all adult members and please provide proof.  
Employment Social Security Supplementary Social Security (SSI) Retirement  
Disability Insurance None Self-employed provided previous year taxes Other List source:

**If you have no income must show how you are meeting your needs.**

**Gross Annual Income:** Circle one

\$0.00 - \$10,000.00

\$10,001.00 - \$20,000.00

\$20,001.00- \$30,000.00

\$30,001.00 - \$40,000.00  
Over \$60,001.00

\$40,001.00 - \$50,000.00

\$50,001- \$60,000.00

Name First Name    Last Name	Income Source PROVIDE PROOF	Amount of Income

**Housing:** Circle all that applies

Own                  Rent                  Public Housing                  Section 8                  Live in housing supplied by employer  
Single Housing                  Apartment                  Trailer                  House Brick wood frame vinyl siding  
Other \_\_\_\_\_

Year house built \_\_\_\_\_ Year Trailer built \_\_\_\_\_

Name of Realtor/Landlord: \_\_\_\_\_

Address of Realtor/Landlord: \_\_\_\_\_  
\_\_\_\_\_

Phone Number of Realtor/Landlord: (\_\_\_\_\_) \_\_\_\_\_

Rent/Mortgage Amount: \_\_\_\_\_ Past Due Amount: \_\_\_\_\_

Heating Circle all that applies: Natural gas    Propane gas    Wood    Electric space Heaters  
Central heating /cooling    None    Oil    Coal    Other: \_\_\_\_\_

Cooling Circle all that applies: Fans    Window air conditioner units    Central cooling /heating  
None    Other: \_\_\_\_\_

Are any of the following appliances over 10 years old: Circle all that applies:

Hot water heater Type (Circle the one that applies) Electric    Propane Gas    Natural Gas  
Washing Machine    Clothes Dryer    Freezer    Refrigerator    Dish washer  
Stove    Central heating and cooling unit

If your house needs any repairs please list them below.

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

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**ENERGY**

Name of Energy Supplier: \_\_\_\_\_

Address of Energy Supplier: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Amount of Bill: \_\_\_\_\_

Type of Energy Seeking: Circle all that applies for this visit: Heating Cooling Heating Crisis year around crisis

Source of Energy: Natural Gas Propane Gas Wood Oil Coal Electricity

Other: \_\_\_\_\_

Can only pay for primary source of heating

**WATER**

Name of Water Supplier: \_\_\_\_\_

Address of Water Supplier: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Amount of Bill: \_\_\_\_\_

**WASTEWATER IF DIFFERENT FROM DRINKING WATER**

Name of Wastewater Supplier: \_\_\_\_\_

Address of Wastewater Supplier: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Amount of Bill: \_\_\_\_\_

**Household Members:**

Name First Last Name Name	Date of Birth	Age	Sex	Social Security Number	Relationship to applicant

**Food Assistance:**

Name	Diet if on a special diet please list example low sodium diet	Allergies food, drugs(medicines), other items example latex

**Employment Assistance:**

Turn in a resume include all education, work experience, references with addresses, phone numbers, and telephone numbers.

**Clothing:**

Name First Last	Age/Sex Male/Female Circle one	Shoes Size	Pants Size	Shirts/blouse Size	Dress Size	Underwear and sock Size

**School Supplies: Must provide list from school**

Name First Name Last Name	Grade/ Age	School Name and Address	School Supplies Needed


**Toys:**

Name of child First name last name	Age/Sex Male of Female	Toy requested	Special needs e.g. allergies, handicapped, blind etc.

**List any other agency that has assisted you below.**

Name of Agency	Address of agency	Telephone Number of Agency	Type of assistance received e.g. Energy,

			food, medical, etc.

By signing this application, I acknowledge that I have read the guidelines and the information that I am submitting is accurate to the best of my knowledge. I understand that if I willfully provide and false information on this form will result in the immediate removal of my application for any assistance presently or in the future. I CONSENT to the verifying all information in this application, including household composition and sources of income for the twelve (12) months preceding the date below. I also CONSENT to the verification of assistance, payment and credits for my household for the same twelve-month period and through the fiscal year for which this application applies. I will be liable to the MaChis Lower Creek Indian Tribe of Alabama or such amount, and I may be prosecuted to the full extent of the law. I further UNDERSTAND that if I fail to report all sources of income for my household and/or all household members, my application for assistance will be automatically denied.

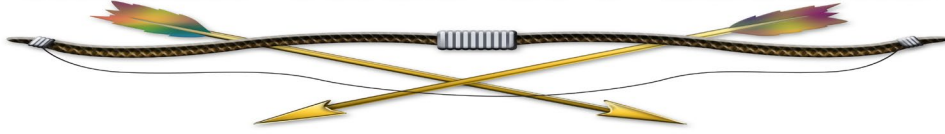
Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

**FOR INTAKE WORKER USE ONLY AFTER ALL DOCUMENTATION IS RECEIVED:**

Date \_\_\_\_\_ Time \_\_\_\_\_

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

I authorize release of personal identified information, regarding the person named below, within the following specified limits: **Each person above the age of 18 residing in the household must sign an authorization of release.**

1) Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Specific information to be released:

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3. The purpose for which the information is to be released: **To verify eligibility for services from the MaChis Lower Creek Indian Tribe of Alabama.**

4. Organization/Address/Person to which this information is to be released: **Nancy Carnley, Vice Chief the MaChis Lower Creek Indian Tribe of Alabama**  
**2950 County Road 377**  
**Elba, Alabama 36323**

5) Organization/Address/Person releasing the information:

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6. I wish to review this information before it is released: *(Initial one of these)* Yes \_\_\_\_\_ No \_\_\_\_\_

7. The benefits, risks, and consequences of the alternatives in releasing or not releasing this information have been explained to me: *(Initial one of these)* Yes \_\_\_\_\_ No \_\_\_\_\_

If this form is not sign by all household members above the age of 18 your application can not be processed. This form is used to verify if you or anyone in your household has received similar services from another organization. Also this form is used to verify income for the household.

8. Unless otherwise specified below, this authorization will expire in ninety (90) days.

Date this authorization will \_\_\_\_\_.

9. I understand that I may revoke this authorization in writing at any time.

10. This information may not be further disclosed by the receiving person or organization without my authorization.

11. You are entitled to a copy of this authorization form

12. You may revoke this authorization at any time by a notarized written revocation and by delivering it to the person or organization holding the release of information authorization. However, this revocation is subject to the right of any person who acted in reliance on the authorization prior to receiving notice of revocation.

\_\_\_\_\_  
Printed Name of Person Authorizing Release

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Signature/Mark of Person Authorizing Release

\_\_\_\_\_  
Date

**Signature must be notarized if application is not completed at the office.**

**Name of Notary:** \_\_\_\_\_

**Signature of Notary:** \_\_\_\_\_

**Date Notary Commission Expires:** \_\_\_\_\_

**Place Notary Seal Here**

**Revocation of Release:**

\_\_\_\_\_  
Signature (or mark & signature of witnessing person)

\_\_\_\_\_  
Date

**Signature must be notarized if application is not completed at the office.**

**Name of Notary:** \_\_\_\_\_

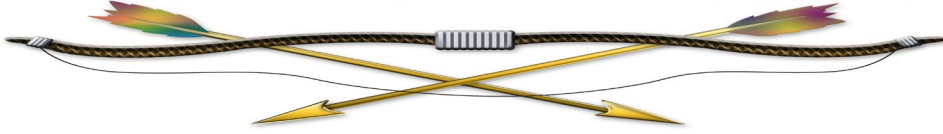
**Signature of Notary:** \_\_\_\_\_

**Date Notary Commission Expires:** \_\_\_\_\_

**Place Notary Seal Here**



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

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

Name of Vendor: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Reason: \_\_\_\_\_

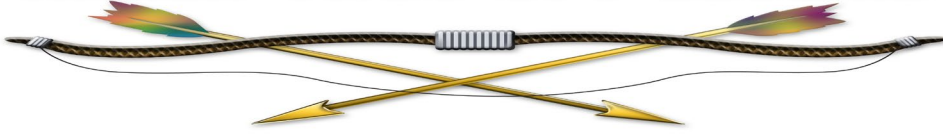
Referred to: \_\_\_\_\_

If you feel that is unfair, untimely, you may file a complaint with the Ma-Chis Lower Creek Indian Tribe of Alabama Ethics Committee.

MaChis Lower Creek Indian Tribe of Alabama  
64 private Road 1312  
Elba, Alabama36323  
(334) 897-3207

Then, if you are not satisfied with the Ethics Committee's decision, you may ask for a hearing before Chief James Wright. If not satisfied with Chief James Wright's decision, then you may request for a hearing before the entire Tribal Council. All correspondence must be a notarized letter and mailed through United States Registered Mail. The letter must include why you are requesting a hearing, full name, mailing address, telephone number cellphone number and email. This request must be made within 14 days.

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## **Notice for Low Income Home Energy Assistance Program Applicants** **All Adults must sign form Living in Household Regardless of Tribal Status**

The Low-Income Home Energy and/or Low-Income Home Water Assistance Programs  
Does Not Pay Rent

Does Not Pay Landlord, Mortgage Company, Family member, Friend, for energy or water  
payments

Does Not Pay for electrical /gas appliances such as refrigerators, stoves, televisions, grills, hot  
water heaters, outdoor lighting, security systems, hot houses, chicken houses, etc.

This is not for each month; therefore, you must continue to make energy payments.

Eligibility is determined based on rules, regulations that govern Low Income Home Energy  
Assistance Program and Low-Income Home Water Assistance Program

In the winter will only pay for the primary energy provider for heating.

Must provide all requested material for a complete application. Proof of income and social  
security numbers for all household members regardless of status as tribal members. Example  
Grandmother income, your income, child support, and boyfriend income and social security  
numbers.

All energy efficient appliances, weatherization, emergency generators, supplemental payments  
will be done after all regular and crisis payments are made.

Applicant must be a tribal member.

Only receive assistance from one agency. You cannot get assistance from the State, county,  
other nonprofits, churches to pay your energy or water. If you are found doing this, you will  
reimburse the tribe. Also, could face criminal charges. This information will be verified. If found  
guilty of receiving payments from more than one service, you will not be serviced by the  
MaChis Lower Creek Indian Tribe of Alabama for at least five (5 years).

If denied, you feel payment is insufficient, or applications not acted on in a timely manner, you  
have fourteen (14) business days to file an appeal. The process is as follows:

Send a notarized letter through the Registered Mail to Ma-Chis Lower Creek Indian Tribe of  
Alabama Ethics Committee.

Ma-Chis Lower Creek Indian Tribe of Alabama  
64 Private Road 1312

Elba, Alabama 36323

The hearing letter must state why you are requesting a hearing. Also, the letter must have the following contact information: Name, Address, telephone number and email.

This appeal may be for being denied, and/or delayed processing. Processing can only begin once all required information received, and verifications have been completed.

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Print Name

Relationship to applicant

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Signature

Date

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[www.machitribe.net](http://www.machitribe.net)

## **Fair Hearing Process**

If denied, feel payment was insufficient, or applications not acted on in a timely manner, you have fourteen (14) business days to file an appeal. The process is as follows:

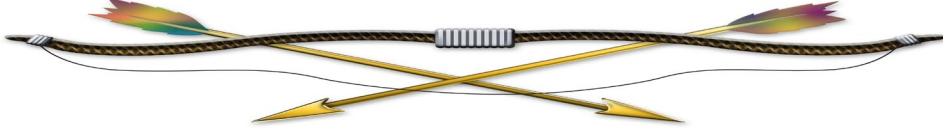
Send a notarized letter through the Registered Mail to Ma-Chis Lower Creek Indian Tribe of Alabama Ethics Committee.

Ma-Chis Lower Creek Indian Tribe of Alabama  
64 Private Road 1312  
Elba, Alabama 36323

The hearing letter must state why you are requesting a hearing. Also, the letter must have the following contact information: Name, Address, telephone number, cellphone number, and email.

**Note applications are not processed until all required documents are obtained.**

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

I ( \_\_\_\_\_ )  
agree to pay monthly the following fees household garbage, and trash pickup. To the following

Vendor ( \_\_\_\_\_ )

Address: \_\_\_\_\_

I understand that neither the household garbage nor trash pickup is covered under the Low-  
Income Home Water Grant Program. I understand that if I do not pay these 2 items, I will  
forfeit my rights to any future payments.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_