



SOUTHERN INDIAN HEALTH COUNCIL, INC.

4058 Willows Road Alpine, CA 91901
phone (619) 445-1188 fax (619) 659-3144
www.SIHC.org

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP assists eligible Barona, Campo, La Posta, Jamul, Ewiiapaayp, Manzanita, and Viejas Tribal Members.

Accepting Applications Beginning: Monday, July 6, 2026

Payments take 2-3 days to be mailed AFTER August 7th

Maximum payment made by LIHEAP is \$350.00

**Approved applications will be processed 7-10 business days
AFTER Friday, July 17, 2026.**

Priority* Applications Given To:

Families with children 6 & younger; *and/or* Elderly 60 & older; *and/or*
A household member with a disability (with proof).

**AFTER priority applications have been reviewed, non-priority applications are reviewed and processed based on the First Come, First Serve rule.*

Starting Monday, July 6, 2026, and ending Friday, July 17, 2026

The following documents must be submitted to apply:

1. Completion of Southern Indian Health Council, Inc.'s LIHEAP application.
2. Provide current copy of utility/vendor bill. Must match the Tribal applicant's name.
3. Proof of Tribal Enrollment: Copy of Tribal ID card or Letter of Enrollment from Tribal office.
4. Proof of total household income for **ALL** adults in the household (18+).

Submit application & required documents in person to any SIHC site location.

If you send via fax, email, or mail please use the below:

4058 Willows Road, Alpine, Ca 91901 Attn: HCEA

FAX: 619-552-8085 or 619-552-8081

EMAIL: Noelia Acevedo at nacevedo@sihc.org or Ruby Duran rduran@sihc.org

For more information, contact Noelia Acevedo, Ext: 543 and Ruby Duran, Ext. 545

Limited funding provided by the Administration for Children & Families: Award #26RMCALIEA

Partial Assistance with Conrad Prebys Foundation: Agreement for Grant #2025-02611



SOUTHERN INDIAN HEALTH COUNCIL, INC.

4058 Willows Road Alpine, CA 91901
 phone (619) 445-1188 fax (619) 659-3144
 www.SIHC.org

Low Income Home Energy Assistance Program (LIHEAP) Application FY2026

PRINT CLEARLY: Name: _____
 (First) (Middle) (Last)

Date of Birth: ____/____/____ Social Security Number: _____

Service Address: _____

Mailing Address: _____

Home – Circle One: Rent/Lease or Own Phone(s): _____

Tribal Member (circle): Barona Campo Ewiiapaayp Jamul La Posta Manzanita Viejas

**ALL Adult Household Members Income Information:
 MUST PROVIDE INCOME PROOF FOR EVERY ADULT (18+) LIVING IN HOUSEHOLD.**

Name: First Last	Race and Ethnicity	Age	Date of Birth MM / DD / YYYY	Disabled? Must provide proof.	Sex: M / F	Adults 18+ MONTHLY INCOME AND SOURCE
1.				Yes No		
2.				Yes No		
3.				Yes No		
4.				Yes No		
5.				Yes No		
6.				Yes No		

Race and Ethnicity: AI/AN (American Indian or Alaska Native). A (Asian). B (Black or African American).
 C (White/Caucasian). NH (Native Hawaiian or Other Pacific Islander).

COPY OF UTILITY BILL REQUIRED TO PROVE APPLICANT IS NAMED ON BILL.

(NO EXCEPTIONS: Applicant name MUST match name on utility bill)

Circle Name of Utility/Vendor: SDG&E Kamps Propane Other: _____

I hereby state and confirm that the information on this application is true and correct. I understand that if my application is denied I have the right to request a fair hearing with the Tribal Office and/or SIHC's Quality Assurance. Southern Indian Health Council, Inc. will maintain a waiting list for LIHEAP applicants denied due to lack of program funding. If additional program funds become available during the program year, denied LIHEAP applicant(s) will have the opportunity to resubmit their current utility bill if new program funds become available. Approved applications are processed within 7-10 business days.

IT IS THE APPLICANTS' RESPONSIBILITY TO CONFIRM THAT SIHC RECEIVED THE APPLICATION.

 APPLICANT SIGNATURE

 DATE