ARIZONA DEPARTMENT OF ECONOMIC SECURITY

APPLICANT STATEMENT OF TRIBAL LIHEAP DENIAL

I, (Print Name)	, state that I, and all other Tribal members in my
household, have attempted to receive, and been denied, a Low Income Home Energy Assistance Program (LIHEAP)	
benefit through all affiliated tribal agencies.	
Date of Tribal LIHEAP Application: Tribal A	gency:
AFFIRMATION	
I swear under penalty of perjury that the above statement about myself and other household members, which relates to my eligibility for benefits, is true and correct to the best of my knowledge.	
Applicant Signature:	Date:
Application ID:	