

# SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

## Low Income Home Energy Assistance Program

Delaware Nation Low Income Home Energy Assistance (LIHEAP) program assists with home heating or cooling bills and/or energy assistance twice a year. LIHEAP assists with cooling in the summer and heating in the winter. Priority will be given to the elderly, handicap and families with minor children. This program operates on a first come first serve basis until funds are exhausted.

### REQUIREMENTS

- Head of household or spouse must be enrolled with the Delaware Nation.
- Household cannot have received LIHEAP thru DHS or any other funding source that receives LIHEAP
- Complete a LIHEAP application with supportive documentation
- Income verification for household members over the age of 18
- Copy of CDIB and social security cards for everyone in the household
- Copy of current utility bill

### RESPONSIBILITIES

- The applicant must provide all supportive documentation with this application. The application cannot be considered for approval until all documents are submitted.
- Failure to report total household income may result in being disqualified from the program for one year.

### REQUIRED DOCUMENTS

If you fail to secure the documents listed below your file will be placed on pending status.

- ✓ Completed application
- ✓ CDIB for all household members
- ✓ Copy of Social security cards for **ALL** household members
- ✓ Proof of Income for **ALL** household members
- ✓ Copy of utility bill (depending on season)
- ✓ **CUT OFF** notices will not be accepted

### SERVICE AREA

Caddo, Comanche, Kiowa, Cotton, Oklahoma, Canadian and Tillman) counties in Oklahoma

**For more information contact Lana Palmer LIHEAP Coordinator([lpalmer@delawarenation.com](mailto:lpalmer@delawarenation.com))**



Date Rec'd \_\_\_\_\_

## LIHEAP Application

Full Name: \_\_\_\_\_  
First Last

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

City State Zip Code County

Home or cell Phone: ( ) \_\_\_\_\_

Roll Number: \_\_\_\_\_ Age: \_\_\_\_\_

Are you:  Married  Single  Divorced  Separated  Widowed

### List all household members:

Name	Age	Handicap	Disability	CDIB#	SSN

\*For additional household members, please continue on back of page.

List member(s) of the household that receive food stamps and the case # \_\_\_\_\_

### List all household income, amount and how often received

Name	Amount	How often? (weekly, biweekly etc.)

\*For additional household members, please continue on back of page.

How much do you pay for rent? \_\_\_\_\_

Which of the following do you utilize as primary source of heating/cooling? Mark only one.

- Propane       Electricity       Fuel Oil  
 Natural Gas      Other: \_\_\_\_\_

Name of utility company? \_\_\_\_\_

The amount of payment of your fuel bill is calculated by taking into consideration the above information. Please, complete all questions to the best of your ability. If you need assistance in completing this application, please do not hesitate to contact this office. The above information is required before this office can process your paper work.

I will provide verification of income and utility bill. I authorize the LIHEAP program coordinator to obtain necessary verification on any of these statements when necessary. The penalties for providing false information shall be no more than a \$10,000 fine or no more than five (5) years of imprisonment or both. Proof of all statements made on this application must be provided before any consideration of eligibility. If you are deemed eligible or ineligible, you will be notified within 30 days of the date your application was received. Appeal must be made to the Executive Committee about the program within 10 days after your notification of ineligibility or your notification of benefit.

I attest that the information given above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

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Approved     Denied

FOR:  Heating       Cooling       Crisis

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Date