

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) grant 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. **Cut off notices will not be accepted.** This program operates on a first come first serve basis until funds are exhausted.

REQUIREMENTS

- Head of household or spouse must be an enrolled Delaware Nation citizen
- Household cannot have received LIHEAP thru DHS or any other funding source that receives LIHEAP
- Submit a completed LIHEAP application and supportive documentation
- Provide income verification for **all** household members over the age of 18
- Provide a copy of CDIB and social security cards for everyone in the household
- Provide a copy of **current utility bill in applicant's name**

RESPONSIBILITIES

- All supportive documentation must be submitted with an application to be considered for assistance.
- **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 over the age of 18
- ✓ Copy of utility bill in the Tribal citizen's name

SERVICE AREA

Caddo, Comanche, Grady, Canadian, Oklahoma, Cleveland, McClain, Pottawatomie and Tulsa counties in Oklahoma



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 (Social Security, Worker's Compensation, Child Support, Unemployment, VA Benefits, Retirement Benefits, TANF, Royalties, Voc. Rehab., Etc.)

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

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

Type of Residence: Mark one.

Own Rent

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

Propane Electricity Fuel Oil

Natural Gas Other: _____

Print name of utility company? _____

Have you made application to, or received assistance from any other Tribe, agency or organization under the Low Income Home Energy Assistance Program (LIHEAP) within the past six (6) months?

YES NO

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

Approved Denied

FOR: Heating Cooling Crisis

Coordinator Signature

Date