



## APPLICATION FOR LIHEAP

### Low Income Home Energy Assistance Program

#### OVERVIEW:

LHIEAP is designed to alleviate the immediate threat of utility service disconnection (i.e. electricity, gas, propane or heating oil/wood). Any federally recognized Native American family that meet the guidelines are eligible for this service. The program runs from May to September for **Cooling Assistance** and November to March for **Heating Assistance**.

#### IMPORTANT:

Any unpaid balances from a previous residence, any re-connect fees or deposits of any kind will not be paid. Services cannot be duplicated (applicant cannot receive assistance from the Absentee Shawnee Tribe, if services have been received from another state/county/local or tribal agency and vice versa). Single individuals with no dependents are low priority for assistance.

#### ELIGIBILITY:

To be eligible the following criteria must apply:

- Enrolled member with  $\frac{1}{4}$  degree of blood of a federally recognized tribe (signature of Tribal member required)
- Must reside in **CLEVELAND** and **POTTAWATOMIE COUNTIES**
- 18 years of age or older **NO EXCEPTIONS**
- Applicants' combined household income for the 30 days prior to application is at or below Federal Poverty Guidelines.
- Utility bill(s) must be in the tribal member's and/or spouse's name (if in spouse name, spouse must reside in the home) **NO EXCEPTIONS**
- Applicant must reside in Pottawatomie or Cleveland County.

#### REQUIRED DOCUMENTATION:

Applicants are required to bring and complete the following documentation:

- Social Security cards for **ALL** members residing in the residence
- CDIB cards for **ALL** members residing in the residence (if applicable)
- Current utility bill and/or disconnect notice
- Prior 30 days income verification (i.e. check stub, social security, unemployment, TANF, etc.)
- Unemployed persons must complete self-certification form provided by case worker



Please provide the **ALL** required documents listed below that apply to your particular situation.

An incomplete application will cause a delay or denial in services. Should your utility service be disconnected or accrue late fees due to an incomplete application the Social Services **will not** pay any of the reconnections and/or late fees.

**\*FOR ALL HOUSEHOLD MEMBERS 18 years-old and older**

1. **\*Income (Earned, Retirement, Pension, TANF, etc.)** : Check stubs, award letter, or website statement which include date, name or social security number, and total income before deductions. If check stubs are not available, a signed statement from your employer showing dates paid, amounts paid, hourly rate and hours worked in proof if it dated and includes the address and phone number of the person signed the statement.
2. **\*Unemployed and/or Unemployment Benefits**: Unemployment self-certification form provided by Social Services for those not working or copy of your current award letter, check or summary of wages for those who receive unemployment benefits.
3. **\*Self-Employed**: Self-employment certification form provided by Social Services and/or copy of last years tax return or current record books of your earnings and expenditures.
4. **\*Photo ID's**: Social Security card, and C.D.I.B card. As well as, Drivers License and/or State ID.
5. **Utility Bill**: Current 30 days bill and/or disconnect notice for electricity, gas, water/sewage, propane or heating oil/wood. Remember: utility bill MUST be in tribal member or spouses name and spouse MUST reside in the home.

By signing below, I certify I have read the guidelines and understand the items above are required to complete and process my application for LIHEAP. I further certify this is not an entitlement program and is based only on funding availability.

\_\_\_\_\_  
Tribal Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



## Application for Low Income Home Energy Assistance - Heating

Other members in the household:

Client name		Applicant/guardian name		
Social Security number	Date of birth	Tribal affiliation	Sex	County
Mailing address	City	State	Zip	
Finding address	City	State	Zip	

Name	Social Security no.	Date of birth	Sex	Tribe

- A household member is:  age 60 or older  
 permanently disabled  
 child two years or under  
 child three through five years of age  
 child five years or under  
 either 60 years or older, disabled, or age five or under

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Housing is:  renting  owned/buying  room only

If renting, does your rent include your heating bill?  Yes  No

Amount of rent you pay: \$ \_\_\_\_\_

Do you receive financial help from any source to pay for your housing and heating cost?  Yes  No

If yes, who? \_\_\_\_\_

Do you presently have a shut-off notice or is your fuel supplier refusing to deliver?  Yes  No

Total household gross monthly income: \$ \_\_\_\_\_

Total cash assets, including cash on hand, checking or savings accounts: \_\_\_\_\_

**If your heating bill is NOT included in your rent, complete one selection on the next page:**

