



**Sac and Fox Nation**  
**Human Services Department**

920883 S. Highway 99, Building A, Stroud, OK 74079  
Phone: (918) 968-3526, Ext. 2011/2010 • Fax: (918) 968-0142

**LIHEAP GUIDELINES AND DOCUMENTS CHECKLIST**

LIHEAP is designed to alleviate the immediate threat of utility service disconnection (i.e. electricity, gas, propane or heating oil/wood). 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 Sac and Fox Nation, if services have been received from another state/county/local or tribal agency and vice versa). Households are restricted to receiving assistance ONCE in a twelve month period per heating season and once per cooling season from all sources.

Applicant's household must reside within Sac and Fox Nation jurisdictional boundaries.

Applicant must be enrolled in a federally recognized tribe.

Applicant must be 18 years of age or older.

Applicant's combined household income for the 30 days prior to application is at or below Federal Poverty Guidelines

Utility bill **MUST BE** in the tribal member's name and/or spouse's name (if in spouse's name, spouse must reside in the home)

**Documents Needed**

- \_\_\_\_\_ Completed LIHEAP Application
- \_\_\_\_\_ CDIB/Tribal Enrollment Card(s) for applicant and all members of household (copy of birth certificate for all non-enrolled children)
- \_\_\_\_\_ Social Security Card(s) for applicant and all members of household
- \_\_\_\_\_ Driver's License/Photo ID for applicant and all members of household 18 years or older
- \_\_\_\_\_ Current utility bill and/or disconnect notice
- \_\_\_\_\_ Income verification (check stub, social security, unemployment, TANF, etc.)
- \_\_\_\_\_ Resident verification (if renting, rental agreement from landlord)
- \_\_\_\_\_ Release of Information



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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM APPLICATION (LIHEAP)**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Phone Number (with area code): \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS**

List all household members including yourself living in your home.

Name (First and Last)	Date of Birth	Sex	Social Security No.	Relationship to applicant	Tribe
				SELF	

If additional space is needed, attach a separate sheet.

**PUBLIC ASSISTANCE**

Are you or anyone in your household currently receiving public assistance?  Yes  No

TANF  SSI  Veterans  Food Stamps  Food Commodities  Other: \_\_\_\_\_

**HOUSING INFORMATION**

Do you  Own  Rent your home? If you rent, are your utilities included?  Yes  No If yes, which type? \_\_\_\_\_

(If utilities are included, a statement from the landlord **MUST BE** submitted that states utilities are included in rent.)

**FUEL INFORMATION**

What is your primary (main) fuel type to heat your home?  Propane  Gas  Wood  Electricity  
What is your primary (main) cooling source?  Electricity  Other \_\_\_\_\_

Company Name \_\_\_\_\_

Account Number \_\_\_\_\_ Name on Account \_\_\_\_\_

If account IS NOT in your name, please explain why: \_\_\_\_\_  
\_\_\_\_\_

Please verify if you would like LIHEAP funding assistance for fuel or electricity.  Fuel  Electricity

**Household Income**

Name (First and Last)	Employer	How Often Paid	Gross Monthly Income

All other household members 18 years of age or older without income will need to sign a release form of zero income.

What was your household's total gross income for the last 30 days? \_\_\_\_\_

(Be sure to include proof of **ALL INCOME** for the past 30 days with your application, this can include paystubs, SSI letter, tax return, per capita letter. – Failure will result in delay/denial of application).

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

**Applicant's Rights and Responsibilities Agreement**

I hereby authorize Sac and Fox Nation Social Services Department to make any necessary investigation of my household's financial situation and other conditions relating to eligibility, including, but not limited to, examination of my account with any public utility provider.

I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits which he or she is ineligible to receive may be subject to the fullest extent of the appropriate State of Federal statute.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Additional Information**

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**LIHEAP Eligibility**

Eligibility for the Energy Assistance Program is based on average **GROSS** monthly income from the previous month. The following chart will help you determine if you should apply.

Household Size	Monthly Gross Income
1	\$1687.50
2	\$2206.75
3	\$2726.00
4	\$3245.33
5	\$3764.58
6	\$4283.84
7	\$4381.16
8	\$4478.50
9	\$4575.92
10	\$4673.25

**Important Rights Notice**

Any person whose application is denied or not acted upon within reasonable promptness, or whose benefits are reduced or terminated has a right to a hearing.

If you desire a hearing, you may submit a request in writing to the following:

Business Committee  
Sac and Fox Nation  
920883 S. Hwy. 99, Bldg. A  
Stroud, OK 74079

You must make your request within ten (10) days after you receive a notice of decision on your application.

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(FOR OFFICE USE ONLY)

Income verification reviewed:  Yes  No If yes, what type: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_ Decision:  Approved  Denied

Reason for above decision: \_\_\_\_\_

Social Service Representative: \_\_\_\_\_ Date: \_\_\_\_\_



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### RELEASE OF INFORMATION

I, \_\_\_\_\_, grant and authorize the exchange of information between Sac and Fox Nation's Human Services Program and the following agencies/programs:

Tribal/State Employment Office

Tribal/State Social Services Programs

Social Security Administration

Tribal/State Education Programs

Tribal/State/Federal Courts

Tribal/State Medical Services

Tribal Enterprises

Alaska Native Corporations

State/County Fiduciary Trust Offices

Other (specify): \_\_\_\_\_

Tribal/State Alcohol & Drug Programs

Tribal/State Housing Programs

Veteran's Administration

Tribal/State/Federal Probation Programs

Tribal/State Child Protection Services

Tribal/State Mental Health Services

Tribal/State Voc-Rehab Programs

Indian Health Services

Other (specify): \_\_\_\_\_

Any information exchanged will pertain to my eligibility to receive Financial Assistance and Social Services benefits or referral to other programs that would benefit me. By signing on the statement of cooperation (Page 4) I agree and understand any information obtained will be kept confidential and will be used only for the purposes directly connected with providing benefits or services on my behalf. I further agree and understand that any information obtained may be released to proper governmental agency, court, or law enforcement agencies for purposes of legal and investigative action concerning fraud.

This Release of Information will remain in effect for one (1) year from date of signature or until I request in writing to rescind said authorization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date