

LIHEAP

Heating or Cooling Assistance
Checklist

- _____ LIHEAP Application
- _____ Tribal Enrollment card for all household members (CDIB alone will not be enough)
- _____ Birth Certificates for children not enrolled
- _____ Social Security cards for all household members
- _____ Drivers license or photo ID for applicant and non-enrolled adults (over 18)

Vendor

- _____ Utility bill or estimate

Income Verification for 1 (one) year

(Must provide 1040 tax copy if no household income is claimed)

- _____ Employment Verification/Check stubs
- _____ Child Support/TANF verification
- _____ Social Security award letter or Soc. Sec. Disability award letter/Bank statement
- _____ Veterans income verification
- _____ Retirement/Pension verification
- _____ Oil Royalties
- _____ Per Cap Payments (yearly) pro rated by 12 months
- _____ No income for individual – Declaration of income form for each household member 18 years or older

Residence verification

- _____ Proof that you reside at the address on the application, mail in your name at that address

Miscellaneous Documentation

- _____ For grandparents – custody/guardianship verification
- _____ For total electric – statement from landlord, housing authority, etc.

PLEASE READ INSTRUCTIONS CAREFULLY AND PROVIDE ALL DOCUMENTS NECESSARY FOR LIHEAP ASSISTANCE.

Sac and Fox Nation
LIHEAP PROGRAM



The Low Income Home Energy Assistance Program (LIHEAP) is designed to alleviate one of the hardships faced by low-income people. During the heating season, **November 10 through April 15**, assistance is directed towards the PRIMARY HEATING SOURCE. As funds remain or become available, assistance for the PRIMARY COOLING SOURCE is subject to limited availability for the cooling season, **May 11 through September 11**.

Basic Guidelines:

- 1. Residency Requirements:** A copy of the utility bill is required as proof of residency and need. Tribal LIHEAP households must reside within the Sac and Fox Nation jurisdictional boundaries in Oklahoma.
- 2. Income Limitations:** Income verification is required for the previous 12 month period (one year to date of application). All members of the household who are 18 years of age or older must provide income information. Total household income that does not exceed 60% of the Oklahoma State Median Income as published in the Federal Register by the Department of Labor is considered eligible.
- 3. Native American Indian:** Proof of Native American Indian Blood includes CDIB and tribal enrollment cards for all members. Person applying for assistance must be Native American Indian and enrolled in a federally recognized tribe. The Sac and Fox Nation LIHEAP grant program is funded to serve only Native American Indian households.
- 4. Social Security Cards** for all members or a receipt stating that you applied for a card.
- 5. Drivers License** or other form of picture identification.
- 6. Other Limitations:** (Other restrictions or limitations may apply.) LIHEAP Federal funds are limited. The following applies per household (address).
 - Households are restricted to receiving LIHEAP grant assistance a total of only once in a twelve month period (year) per heating season and once per cooling season from all LIHEAP sources including DHS and other tribal programs.
 - Sac and Fox Nation awards LIHEAP assistance based on an income matrix.
 - During winter months, assistance is limited to the primary heating source.
 - During summer months, assistance is limited to the primary cooling source.
 - LIHEAP funds are paid directly to the vendor.
 - Assistance is subject to the availability of funds.
 - LIHEAP funds may not be used to pay for "carry-over bills" from a previous residence or past balances.

SAC AND FOX NATION
HUMAN SERVICES PROGRAM
 920883 S. Hwy 99, Big. A, Stroud, OK 74079
 Ph: 918.968.3526 FAX: 918.968.0142



APPLICATION FOR LOW-INCOME HOME ENERGY ASSISTANCE (LIHEAP)

Date: _____ Case#: _____
 Name: _____ Spouse: _____
 Address: _____ Phone (with area code): _____
 City: _____ State: _____ Zip: _____

Have you or any member of your household listed below applied for and received LIHEAP assistance from any other agency in the past twelve (12) months? Yes _____ No _____

LIST ALL HOUSEHOLD MEMBERS: (Include yourself)

	Last Name	First	Date of Birth	Sex	Social Security #	Relationship to Applicant	Tribe
1							
2							
3							
4							
5							
6							
7							
8							

If additional space is needed, attach separate sheet.

FUEL INFORMATION: Applicant is applying for assistance with the following: (See attached bill or estimate from vendor)

Gas: _____ Electric: _____ Propane: _____ Wood: _____

CATEGORICALLY ELIGIBLE:

TANF _____ FOOD STAMPS _____ SSI _____ VA _____ NONE _____

SHELTER INFORMATION: OWN _____ RENTED _____ MUTUAL HELP HOME _____

If rented, are utilities included in rent? Yes ___ No ___ if yes, what type? _____
 If included, a statement from landlord must be submitted that states that utilities are included.

INCOME: List income from employment, including self-employment, before deductions for ALL household members. **NOTE: YOU MUST SEND IN COPIES OF CHECK STUBS.**

OTHER INCOME RECEIVED: TANF, SSI, SOCIAL SECURITY, VETERANS BENEFITS, WORKERS COMPENSATION, UNEMPLOYMENT COMPENSATION, CHILD SUPPORT, etc. **NOTE: YOU MUST SUBMIT COPIES OF AWARD LETTERS DATED THIS YEAR.**

Source	Amount	How Often?	Source	Amount	How Often?

LIQUID RESOURCES: Do you or any member of your household have any cash on hand or money in any bank, savings and loan company, credit union, etc: Yes _____ No _____
 If yes, list type, amount, name and location of facility: _____

CLIENT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES:

I hereby authorize the Sac and Fox Nation to make any necessary investigation of my financial situation and other condition relating to my eligibility.

I have the right to a hearing if denied and/or if I feel my application was not acted on in a timely manner. A request for fair hearings must be made in writing to the Business Committee of the Sac and Fox Nation, 920883 S Hwy 99 Bldg A, Stroud, OK 74079 within 10 days.

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

CONFIDENTIALITY: Any information I provide or that is obtained or received on my behalf is considered confidential. I understand all Human Services staff are required to maintain confidentiality of participants unless otherwise noted in the release of information to which I agree.

 Signature of Applicant or Guardian

 Guardian for

 Person assisting with application

 Relationship to applicant

.....
 (For Office Use Only)
 (To be completed by Administrative Assistant)
CERTIFICATION

Income verification reviewed: Yes _____ No _____ If yes, what type: _____

Total monthly household income: _____ Decision: Approved _____ Denied _____

Reason for above decision: _____ Date: _____

Administrative Assistant: _____ Director: _____

Sac and Fox Nation

920883 S. Hwy. 99 Bldg. A
Ph: 918-968-3526

Stroud, OK 74079
Fax: 918-968-0142



Principal Chief *KAY RHOADS*
Second Chief *DON W. ABNEY*
Secretary *MARY F. MCCORMICK*
Treasurer *JARED KING*
Committee Member *ROBERT WILLIAMSON*

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) DECLARATION OF INCOME

NAME: _____ CASE#: _____

The size of my household is: _____ My total household income is \$ _____

The following individual(s) are unemployed:

I certify that I meet the income guidelines of the Low Income Home Energy Assistance Program as listed below. I have been informed that any person who knowingly, willfully and fraudulently provides false information for the purposed of obtaining benefits which he is ineligible to receive may be subject to prosecution to the fullest extent of the appropriate State or Federal statute.

SIGNATURE

DATE

HOUSEHOLD	INCOME
1	\$ 20,250
2	\$ 26,481
3	\$ 32,712
4	\$ 38,944
5	\$ 45,175
6	\$ 51,406
7	\$ 52,574
8	\$ 53,742
9	\$ 54,911
10	\$ 56,079

NOTE: If any member of an eligible household receives benefits from one of the following sources, the household is considered categorically eligible:

- Recipients of TANF (Temporary assistance for needy families) as stated in Sec. 2605(b)(2);
- Persons receiving Food Stamps as stated in Sec. 2605(b)(2);
- Persons receiving SSI benefits as stated in Sec. 2605(b)(2);
- Persons receiving Veterans benefits as stated in Sec. 2605(b)(2).

Sac and Fox Nation

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Verification of Total Electric Heat Source for Residence

Date: _____

LIHEAP Participant: _____

Residence: _____

In accordance with the Sac and Fox LIHEAP guidelines and regulations, I acknowledge that by signing this verification that my heat source for my residence is Total Electric. My LIHEAP caseworker may make a home visit for verification of my residence to insure that my heat source for my residence is Total Electric BEFORE payment is processed for cooling or heating assistance.

I also, acknowledge that by signing this verification that I cannot apply for LIHEAP heating assistance for payment of Gas/Propane for the residence above, ONLY for electric heating assistance.

Signature

Date

Landlord (Optional)

Date

LIHEAP Staff

Date