Delaware Tribe of Indians

Social Services Department
601 S High Street, Caney Ks 67333

Low Income Heating and Cooling Assistance Program

LIHEAP is a federally funded program that assists low income households with their home energy cost. Priority shall be given to applicants who meet the income guidelines and have NOT received assistance from DHS or Cherokee Nation within the past 6 months (once a year for heating and once a year for cooling). **We will verify with DHS and or/Cherokee Nation, to see if you have received assistance through them.** Current LIHEAP guidelines require documentation for proof of identity for the LIHEAP applicant, as well as **providing the names of ALL persons residing in the household.** This information must be submitted with your LIHEAP application **or your application will be denied**. Your application is considered ***"pending"*** until all required documentation is reviewed. **Carefully read the entire application and answer all the questions in this application.** The tribe has (7-14) business days to process an application. ***It is the responsibility of the applicant to provide the information requested and only completed applications will be processed.***

Head of Household (print applicant name) _____

MANDATORY DOCUMENTATION

➡ A Completed LIHEAP Application
A Copy of Delaware Tribe enrollment card
The original utility bill with applicant's name listed on it (Head of Household)
Verification of Income for the last 6 months for the Head of Household **OR**
Verification of NO income (***attach documentation for each person in the household over the age of 18 years that currently has no income.)***
A secondary form of identification for the applicant/head of household-* example: a State issued I.D or OK driver's license

I certify that I have read all the conditions of this application in regards *to household income, proof of identity, the numbers of members in the household and any other required information on this application. I hereby authorize the LIHEAP program of the Delaware Tribe to make any necessary investigation of my household financial situation and other conditions relating to my eligibility. I have been informed that any person who knowingly, willingly and fraudulently providing false information for the purpose of obtaining benefits which he or she is ineligible to receive will be prosecuted to the fullest extent of the state.*

_____ _____ _____

Applicants Name Date Phone

Low Income Home Energy Assistance Program (LIHEAP) Application

Assistance for: ☐ Heating ☐ Cooling

Head of Household Information (Applicant)

Name _____ Date _____

Address _____ DOB _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

Source of Income _____

Age _____ Social Security # _____ ☐ Male ☐ Female

Tribal Enrollment # _____ Marital Status: ☐ Married ☐ Single ☐ Other

(Check one)

☐ Tribal elder (65 & over)

☐ Single (Head of Household)

☐ Multiple Family

1. Is there anyone in your family that can be verified as disabled? ☐ Yes ☐ No

If so, who: _____ Do they receive SSI? ☐ Yes ☐ No

2. Type of Residence: ☐ Rent ☐ Own

Amount paid for Rent monthly $_____

3. Is there anyone in your household receiving Veteran's Benefits, Workers Compensation, Child Support, Retirement Benefits, or Unemployment Benefits? ☐ Yes ☐ No

If so, who: _____ Amount & Frequency _____

Please list ALL current household members

Name	Birth Date	Social Security #	Tribal Enrollment #

Please list any other additional household member on the back of this sheet

Please list your current household income to include the amount and frequency (bi-weekly, monthly, annually, etc.)

Name	Source	Amount	Frequency
		$	
		$	
		$	
		$	

IF NO INCOME IS REPORTED, please state how you have maintained your residence, paid utilities, and purchased food for the last 6 months? (*If this section is not answered your application will be denied. You must also submit the verification of NO Income form.*

_____

_____

PLEASE CHECK ONLY ONE (*the bill <u>MUST</u> be in the Head of Households name/Applicants name.)*

☐ **Propane** ☐ **Electricity** ☐ **Natural Gas**

Name of your fuel supplier/vendor: _____ **Account#** _____

Name on the Account: _____ **Amount:**_____ **Due Date**_____

VERIFICATION OF NO INCOME

In order to determine the eligibility of _____ for LIHEAP assistance, please assist us by answering the questions below. **The person signing this form should not be an immediate member of the household applying for LIHEAP assistance OR an immediate relative of the applicant (example: husband, wife, brother, sister, aunt, uncle, grandparent, etc.,)**

To my knowledge, _____ has not had any income for the past (check all that apply):

☐ Week ☐ Month ☐ Year

The reason for this to be true is because:

_____

_____

_____

By signing this form, I acknowledge that the information I have provided below is true and to the best of know knowledge.

Printed name: _____ Date _____

Signature: _____

Address: _____ Phone number_____

_____

_____

Date received _____

FOR OFFICE USE ONLY

Electric Assistance _____

Natural Gas Assistance _____

Propane Assistance _____

Other Assistance _____

Income within the State guidelines: ☐ Yes ☐ No

Disabled: ☐ Yes ☐ No

Amount of Assistance: $_____

Authorized by the Tribal LHEAP Coordinator: ☐ Yes ☐ No

_____ Date_____

Signature

APPEALS NOTICE

By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also authorize the LIHEAP Coordinator to verify the information I provided in this application with other agencies to determine my eligibility. If I am eligible for assistance, I will be told the amount of LIHEAP I will be assisted with, **OR** of my ineligibility and the reason(s) why I was denied services. I understand that LIHEAP is a federally funded program and that there are penalties for submitting fraudulent information on my application. I also understand that the Delaware Tribe LIHEAP program may choose to deny my application based on the discovery of clearly fraudulent information reported in my application. Should this occur, I understand that I will be denied LIHEAP assistance for a period of 1 year. Should I choose to appeal that decision before the Tribal Council and be found guilty, I will be ineligible for a 3 year period. In addition, a formal notice shall be mailed to the LIHEAP provider in my county of residence who may choose to deny me future LIHEAP services, at their discretion. The federal funding agency may also, at their discretion, choose to prosecute the individual under applicable federal laws.

APPEALS PROCESS: Any appeal regarding a final decision made in regards to a LIHEAP application shall be made in writing to the LIHEAP Coordinator within 7 working days after your notification of your ineligibility. **Appeals should be mailed to:** Delaware Tribe of Indians - ATT: LIHEAP Coordinator – 170 NE Barbara Ave – Bartlesville, Ok 74006. Upon receipt of the appeal, a formal meeting shall be scheduled within 7 workings days to review application decision before the Tribal Council. Should the Council rule that the application information was clearly fraudulent, the applicant will be denied LIHEAP assistance for a full 3 year period. No late documentation will be accepted after an appeal date has been set. All decisions made by the program Coordinator and/or Tribal Council shall be final.

_____ _____

Head of Household/Applicant Signature Date

For official use only-

Date Approved: _____ **Reviewed by:** _____

Action taken: ☐ **Approved** ☐ **Denied** **Amount $** _____