



Delaware Tribe of Indians

LIHEAP/LIHWAP Services
5100 Tuxedo Blvd, Bartlesville OK 74006
918-337-6590

(LIHEAP) Low Income Heating and Cooling Assistance Program **and** **(LIHWAP) Low Income Home Water Assistance Program**

LIHEAP/LIHWAP are federally funded programs that assist low income households with their home energy/water costs. Priority shall be given to applicants who meet the income guidelines and have NOT received assistance from DHS, Cherokee Nation, or any other federally funded program within the past 6 months (once a year for heating and once a year for cooling and two times per year for water). We will verify with each federal program for confirmation of whether or not assistance has already been received for the current season. **Current LIHEAP/LIHWAP guidelines for assistance require: Documentation of proof of identity and tribal membership verification of applicant; and names of all persons residing in the household, as well as financial information for all household members.** This information **must be submitted** with the completed LIHEAP/LIHWAP application, or application will be automatically denied. The submitted application will be considered "pending" until all documentation and application is reviewed. **Carefully read the entire application and answer all of the questions in this application.** DO NOT LEAVE ANY BLANK FIELDS. ***The tribe has (7-14) business days to process an application.*** Once processed, we have up to 14 days to submit payment after we have pledged the account. It is the responsibility of the applicant to provide the information requested and only fully completed applications will be processed.

Head of Household (print applicant name) _____

MANDATORY DOCUMENTATION:

- **Completed LIHEAP/LIHWAP Application**
- **Copy of Delaware Tribal Membership Card or other federally recognized Tribal Enrollment Card**
- **Secondary form of identification for applicant/head of household (driver's license/state ID)**
- **Original utility bill with the applicant's name listed on the bill (Should be head of household)**
- **Income verification for the last 6 months, for the head of household and any household member over the age of 18 with verifiable income**
- **Verification of no income for each person in the household over the age of 18 that currently has no income (Form included, must be signed by a third party) Instructions on form.**

I certify that I have read all of the conditions of this application in regards to household income, proof of identity, household size and all other required documentation on this application. I hereby authorize the LIHEAP/LIHWAP program of the Delaware Tribe of Indians to make any necessary investigation of my household financial situation and other conditions relating to my eligibility. I have been informed that any person knowingly, willingly and fraudulently provides 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.

Signature of Applicant

Date

Phone Number

Please Check ONE: ☐ LIHWAP(Water) ☐ LIHEAP(Heating/Cooling)

If for LIHEAP: (Please Check One) ☐ Heating ☐ Cooling ☐ Crisis

Applicant Information: *(Should be head of household)*

Name: _____ Date: _____

Address: _____ DOB: _____

City: _____ State: _____ Zip: _____

You **must** reside in one of the following counties. Please select which county you live in below:

Washington

Nowata

Rogers

N. Tulsa

Craig

Email Address: _____

Source of Income: _____

Age: _____ Social Security Number: _____ ☐ Male ☐ Female

Tribal Enrollment #: _____ Tribal Affiliation: _____

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 the household receiving Veterans Benefits, Workers Compensation, Child Support, Retirement Benefits or Unemployment Benefits? ☐ YES ☐ NO

If so, Who? _____ Amount & Frequency: \$ _____

Please list ALL household members

Name	Birth Date	Social Security #	Tribal Enrollment #

Please list your current household income and include the amount and frequency
(Bi-weekly, monthly, annually, ect)

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 on the next page.

PLEASE CHECK ONLY ONE (bill **MUST** be in the name of the applicant)

☐ Propane ☐ Electricity ☐ Natural Gas ☐ Water ☐ Other

Name of your utilities supplier/vendor: _____

Name on the Account: _____ 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 family member of the household applying for LIHEAP/LIHWAP assistance or an immediate relative of the applicant. (e.g. husband, wife, brother, sister, aunt, uncle, grandparent, ect.)

To my knowledge, _____ has not had any income for the past:

☐ Week

☐ Month

☐ Year

The reason for this to be true is:

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

Printed Name: _____ Date: _____

Signature: _____

Address: _____

Phone number: _____

Date Received: _____ Coordinator 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/LIHWAP Coordinator to verify the information I provided in this application with the other agencies to determine my eligibility. If I am eligible for assistance, I will be told the amount of LIHEAP/LIHWAP I will be assisted with, OR of my ineligibility and the reason(s) why I was denied services. I understand that LIHEAP/LIHWAP is a federally funded program and that there are penalties for submitting fraudulent information reported in my application. I also understand that the Delaware Tribe of Indians LIHEAP program may choose to deny my application based on the discovery of clearly fraudulent information reported on my application. Should this occur, I understand that I will be denied LIHEAP/LIHWAP 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/LIHWAP 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 reference to a LIHEAP/LIHWAP application shall be submitted in writing to the LIHEAP/LIHWAP Coordinator within 7 working days after receiving notice of ineligibility. Appeals should be mailed to:

**Delaware Tribe of Indians
ATTN: LIHEAP/LIHWAP Coordinator
5100 Tuxedo Blvd.
Bartlesville, OK 74006**

Upon receiving appeal, a formal meeting shall be scheduled within 7 working days to review application decision before the Tribal Council. Should the Council rule that the application was clearly fraudulent, the applicant will be denied LIHEAP/LIHWAP assistance for a 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: _____ Reviewed By: _____

Action: ☐ Approved ☐ Denied Amount \$: _____

The Delaware Tribe of Indians 2022 LIHEAP Payment Matrix
& The Delaware Tribe of Indians 2022 LIHWAP Payment Matrix

	150% of the HHS Poverty Guidelines for 2022	60% FY 2022 State's Median Income (Oklahoma)	
Household Size	Poverty Guideline	60% of estimated state median for four-person families (\$42,349)	Award Amount
1	\$19,320	\$23,756.00	\$400(or In-kind)
2	\$26,130	\$31,066.00	\$400(or In-kind)
3	\$32,940	\$38,375.00	\$400(or In-kind)
4	\$39,750	\$45,685.00	\$400(or In-kind)
5	\$46,560	\$52,995.00	\$400(or In-kind)
6	\$53,370	\$60,304.00	\$400(or In-kind)
7	\$60,180	\$61,675.00	\$400(or In-kind)
8	\$66,990	\$63,045.00	\$400(or In-kind)
For each additional person add	\$6,810		