



KIOWA TRIBE OF OKLAHOMA

208 Hardees West, Anadarko, OK 73005

Office: (405) 648-0492

Email: ss01@kiowatribe.org

LOW INCOME HOME ENERGY ASSISTANCE APPLICATION

LIHEAP CHECKLIST

The Kiowa Tribe Low Income Home Energy Assistance Program (Liheap) assists with home heating and cooling bills. Priority will be given to the elderly (60 and over), disabled, families with young children (5 and under). This program operates on a first come first served basis until funds are exhausted.

Heating: 11/01/23 thru 03/31/24

Cooling: 06/01/24 thru 08/31/24

Crisis: Year Round

The following documents are needed to complete your LIHEAP Application

Please provide Identification Documents for everyone in the Household

Enrollment Card or Certificate Degree of Indian Blood (CDIB)

Social Security Cards

Need Copy of Driver's License for non-tribal members

Verification of Income for ALL Household members:

Most recent check stubs for one month

Current Award Letter

Copy of bank statement

No Income verification form.

If Self Employed: Copy of W-2

(Failure to report total household income may result in being disqualified from the program for one year).

If Utility bill is not in your name. Please provide proof of residence.

Copy of utility bill in applicants or household member-**NO EXCEPTIONS**

Household cannot have received LIHEAP thru DHS or any other funding source that receives LIHEAP

Service Area: Caddo, Comanche, Cotton, Grady and Kiowa counties

It takes 5-7 business days for a check to be issued.

WE CANNOT SEND PROMISSORY LETTERS TO VENDORS

It is your responsibility to make payment arrangements with your utility provider

- I understand that I must provide copies of the required documents with my application before my application will begin the review process.
- I understand I will have 14 days to submit the required documents, if not submitted in a timely manner, my application will be considered incomplete and closed.

Applicant Signature

Date



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HOUSING INFORMATION

Type of Residence: () Own () Rent () Other: Specify _____

Do you pay your own heating costs? () Yes () No

If you rent, is the cost of utility included with the rent? () Yes () No

Do you pay your own heating/cooling costs separately? () Yes () No

Type of Assistance Requesting: Electric _____ Gas _____ Propane _____

By signing below, I verify that the information I have provided is true and correct to the best of my knowledge. My eligibility is based on my household size and age of children. It would be in the best interest of my household to not leave anyone off the application because it may increase my benefit amount.

I give permission to the Kiowa Tribe Social Services staff to contact other tribal and state LIHEAP programs to verify any member of my household.

Signature of applicant

Date

FRAUD AND COMPLIANCE

I authorize the Kiowa Tribe to make any necessary investigation as to my financial situation and other conditions relating to my possible eligibility. I understand that giving the Kiowa Social Services Department false or misleading information will make me ineligible for future assistance. I understand that I have the right to a fair hearing of any action taken by the Kiowa Tribe, which I consider improper, and also any unreasonable delay in decision. Request for a fair hearing may be made in person or handwritten to the Kiowa Social Services Department.

I attest that the information given above is true and correct to the best of my knowledge.

Signature of applicant

Date

FOR DEPARTMENT USE ONLY

DHS Verification _____ Tribal Verification, if applicable _____

Approved Amount _____ Denied _____

Heating _____ Cooling _____ Crisis _____

Comment: _____

Social Services Representative

Date



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CERTIFICATION OF NO INCOME

Please Check One:

Applicant

Household member over the age of 18 years of age

PERSONAL INFORMATION

| | | | |
|-------------|-----------|---------------|-----|
| First Name | Last Name | Date of Birth | Age |
| | | | |
| Maiden Name | Phone # | SSN# | |
| | | | |

By Initialing to the left of each statement and signing below, I certify that:

_____ I understand that verification of income is required to determine eligibility for the LIHEAP Program.

_____ I understand that if I deliberately misrepresent information on this form, I may be ineligible for services for period up to 3 years.

_____ I understand that "no income" or "zero income" means that I don't receive any money through employment or from other sources (employment, interests, retirement, Social Security Disability Income (SSI), supplemental security income (SSI), etc.

_____ I do not have any income

_____ To the best of my knowledge the above information is accurate and complete as of today's date. I understand that in order to confirm my eligibility for the LIHEAP Program, my information may be shared with but is not limited to the following: County DHS offices and other Tribal Governments.

Please briefly explain why you have no income:

| | |
|---------------------|------|
| Applicant Signature | Date |
| | |