



KIOWA TRIBE SOCIAL SERVICES

LOW INCOME HEATING & ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION

Email: ss@kiowatribe.org

208 Hardees West, Anadarko, OK 73005

Office: (405) 648-4080

PLEASE READ THIS APPLICATION CAREFULLY

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

LIHEAP Guidelines

- LIHEAP is income based and is granted per tribal household. Income must be submitted (pay stubs, award letter, etc.)
- Copy of Tribal ID & Social Security card is required for **ALL** household members.
- Copy of utility bill
- Certification of No Income (if applicable to household members 18 & over)
- Applications will/cannot be processed until ALL required documents are received.
- Only the applicant will receive notification on the status of their application.
- Checks are sent directly to the vendor.
- Cooling, Heating & Crisis (cut-off notice) assistance are each granted once per program year.
- If you have received assistance from DHS or any other Tribal LIHEAP program, then you will be ineligible for this program (same Federal Funds).
- **Proof of residence REQUIRED**



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APPLICATION DATE: _____

Assistance Requested: Heating
 Cooling
 Crisis

Dates Available: 12/5/2022 – 3/31/2022

Dates Available: 6/1/2023 – 8/31/2023

Dates Available: Year Round

(Crisis is an immediate disconnect or final cut off notice)

First Name:	Middle Initial:	Last name:
Mailing Address:		
Physical Address:		
City:	State:	Zip Code:
Telephone:	Message Contact Name: Message Number:	
Date of Birth:	Age:	
Social Security Number:	Kiowa Enrollment #:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Is there anyone in your household disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do they SSD? (___) Yes (___) No	
Are any members of your household receiving TANF or Food stamp benefits (___) Yes (___) No	Case Number: # _____	

Type of Residence: Own Rent Landlord's Name: _____ Telephone #: _____ Other: (specify) _____**Have you made application to, or received assistance from any other Tribe, agency or organization under the Low Income Home Energy Assistance Program (LIHEAP) since October 1, 2022? Yes No****HOUSEHOLD INFORMATION: (This information is REQUIRED, you will need to list ALL household members**

Name	Age	Social Security #	Tribal Affiliation

HOUSEHOLD INCOME: Income information is required, source (i.e. SSI, TANF, Wages, Child Support

Name	Source	Amount	Frequency
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

VENDOR INFORMATION (GAS, ELECTRIC, PROPANEE, OR UNIT REPAIR/REPLACE)

Company Name	Acct #
Address	Name on Account
City	Amount due
State	Telephone #
Zip Code	Fax #

LIHEAP is a federally funded program assisting low income households with their home energy costs. Priority is given to applicants whom are elderly, and low-income families with minor children. Applicants must not have received any energy assistance from DHS and/or other tribal agencies with the LIHEAP fiscal year (October 1st through September 30th). All adult occupants listed on this application will be verified with DHS and other tribal agencies to check if anyone in the household received assistance through other energy assistance programs.

LIHEAP guidelines requires that applicant is the head of household that resides in Caddo, Comanche, Cotton, Grady and Kiowa counties. Documentation needed is a copy of **ALL** household member's social security cards, tribal enrollment information of all adults, vendor/bill and household income verification. If any person age 18 years of age or older (not in high school) not employed, must complete a Certification of No Income Form. **All applications are pending until all required documentation is received by Social Services staff.**

By signing below, I verify that the information I have provided is true and accurate to the best of my knowledge. Your eligibility is based on your household size and age of children. It would be in the best interest of your household to not leaved anyone off your application because it may increase your 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 has not received any assistance through their programs.

Head of Household Signature

Date

.....

Office Staff Only:

Staff Comments:
Income for the last 12 months from date of application:
Eligible: \$
Not Eligible Because:

Staff Signature

Date



**KIOWA TRIBE SOCIAL SERVICES
LOW INCOME HEATING & ENERGY ASSISTANCE PROGRAM (LIHEAP)**

FRAUD AND COMPLIANCE STATEMENT

I certify that I have read the conditions of this application in regards to total household income, proof of identity, the number of persons residing in my household, and to include any other required information.

Initial _____

I agree to allow Social Services staff to verify any portion of this application. Any information found to be erroneous or false may be grounds for denial of assistance. In cases of clearly identified fraud, I understand that I will be denied LIHEAP assistance for a period of 1-3 years and a letter for the reason(s) of my denial sent to their county LIHEAP provider as well as their funding agency. Please note that in all cases of fraud the US Department of Health and Human Services, through the United States Government may at their discretion file criminal charges on the applicant.

Initial _____

Applicant's Signature:	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:
Maiden Name:	SSN:	Phone #:

A. I certify that I currently DO NOT have any income: () Please check box

- a. Wages from employment (including commissions, tips, bonuses, fees, pay in lieu of vacation or sick time, etc.)
- b. Rental or royalty income from real or personal property, or gain from the sale of a property.
- c. Social security payments, annuities, insurance policy benefits, distributions from retirement funds, pensions or death benefits.
- d. Unemployment or disability payments.
- e. Veteran's benefits
- f. Any other source not named above

B. I have no income since:

_____/_____/_____

I don't expect to receive any income until:

_____/_____/_____

C. Please provide details of the person(s) providing support:

Name:	Relationship to Applicant:
Address:	Phone Number:

I have received support from the person(s) listed above since ____/____/____ and I have received the following amount this month \$_____.

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 a 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 (like employment, interests, retirement, Social Security Disability Income (SSDI), supplemental security income (SSI), etc.
- _____ I do not have any income
- _____ To the best of my knowledge the above information is accurate and completed 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.

Applicant Signature:	Date:
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