



# Kiowa Tribe Social Services

Address: 208 Hardees West, Anadarko, OK 73005

Office Phone Number: 405-648-0417

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## Low-Income Home Energy Assistance Program Application

### LIHEAP CHECKLIST

The Kiowa Tribe Low Income Home Energy Assistance Program (LIHEAP) assists with home heating and cooling bill. Priority will be given to the elderly (60 and older), individuals with disabilities, and families with young children (5 years old and under). This program operates on a first-come, first-served basis until funds are exhausted.

**Heating Assistance: November 1st through March 31st**

**Cooling Assistance: June 1st through August 31st**

**Crisis Assistance: Year-Round**

Please be advised that, should the 1st occur on a weekend, LIHEAP assistance will be made available on the subsequent Monday.

The following documents are needed to complete your LIHEAP Application.

- Must live within Caddo, Comanche, Cotton, Grady, and Kiowa counties of Oklahoma.
- Identification Documents for all Household members
  - CDIB
  - State-issued ID
- Copy of Social Security Card for all Household members
- Verification of Income for all Household members (For All Household Members over the age of 18 years.)
  - Recent Check Stubs (Monthly - 2 check stubs / Bi-weekly - 3 Check Stubs / Weekly 4 - check Stubs)
  - Current Award Letter
  - Self-Employed - A W-2 and/or Income tax return from the previous year will be required.
  - No Income - Complete No Income Verification Form
- Current Utility Bill
  - Heating - Electricity, Natural Gas, or Propane bill will be expected
  - Cooling - Electricity Bill
  - Crisis – Must be one of the following bills above: the bill must state a cut-off/shut-off notice.
- Copy of the utility bill must be in the applicant's name or the household member's name  
(An additional supporting document might be requested from the applicant/household.)
- Completed Application-Kiowa Tribe LIHEAP.

Failure to report total household income may result in disqualification from the program for one year.

Applicants and households are required to have not received assistance through the Low-Income Home Energy Assistance Program (LIHEAP) administered by the OK Department of Human Services (OKDHS) or any other Tribal LIHEAP, which is funded through the Low Income Home Energy Program. It is imperative to note that LIHEAP services must not be duplicated.

**It takes 5-10 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 completed application before my application can begin the review process.
- I understand that I will have 5 days to submit the required documents. If the documents are not submitted promptly or if funding is exhausted, my application will be considered incomplete and closed.

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Applicant Signature

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Date

**Low-Income Home Energy Assistance Program Application**

Date of Application: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different from Physical Address)

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Household Size: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Assistance Applying for: Heating | Cooling | Crisis | Weatherization

**Household Information**

Name	Age	DOB	Disabled Y/N	Gender	Race	Ethnicity	Tribe
Self							

Gender: M=Male, F=Female, U=Unidentified | Race: A=American Indian/Alaskan Native, AS=Asian, B=Black/African American, NH=Native Hawaiian/other Pacific Islander, W=White, M=Multi-Race, O=Other | Ethnicity: H=Hispanic, Latino or Spanish Origins, N=Non-Hispanic, Latino or Spanish Origins. \*Questions are for grant reporting purposes only and do not determine eligibility. \*

List Household member(s) that received food stamps and the case #: \_\_\_\_\_

**Household Income**

Name	Income Source	Amount	Frequency

List all household income, amount, and how often received (SSI, SSDI, Worker's Compensation, Child Support, Unemployment, VA Benefits, Retirement Benefits, TANF, Voc-Rehab, Employment, ETC.)

**Low-Income Home Energy Assistance Program Application****HOUSING INFORMATION**Type of Residence: ☐ OWN ☐ RENT ☐ OTHER: SPECIFY: \_\_\_\_\_Do you pay your own utility costs? ☐ YES ☐ NOIs the cost of utilities included with your rent? ☐ YES ☐ NODo you pay your own heating/cooling costs separately? ☐ YES ☐ NO**Type of Assistance Requesting:**

HEATING (Nov 1st through March 31st): Electric: \_\_\_\_\_ Gas: \_\_\_\_\_ Propane: \_\_\_\_\_

COOLING (June 1st through Aug. 31st): Electric: \_\_\_\_\_

CRISIS (Cut off Notice: Yearly): Electric: \_\_\_\_\_ Gas: \_\_\_\_\_ Propane: \_\_\_\_\_

By affixing my signature below, I affirm that the information I have provided is accurate to the best of my knowledge. My eligibility is contingent upon the size of my household and the ages of my children. It is in the best interest of my household to include all members on the application, as this may increase the potential benefits we receive. I acknowledge that the processing of the LIHEAP application may require up to five business days, provided that all necessary documentation is submitted for approval. If I fail to submit the required documentation for the LIHEAP application, processing will be delayed until the necessary documentation is received.

I hereby grant permission to the Kiowa Tribe Social Services staff to contact relevant tribal and state agency LIHEAP programs to verify the information concerning any member of my household.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date**FRAUD AND COMPLIANCE**

I authorize the Kiowa Tribe to conduct any necessary investigation into my financial situation and other conditions related to my possible eligibility. I understand that providing the Kiowa Tribe Social Services Department with false or misleading information will render me ineligible for further assistance. I understand that I have the right to a fair hearing of any action taken by the Kiowa Tribe that I consider improper, as well as any unreasonable delay in decision-making. A request for a fair hearing may be made in person and in writing to the Kiowa Tribe Social Services Department, Attention: Social Services Director.

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: \_\_\_\_\_

Approved Amount: \_\_\_\_\_

Denied: \_\_\_\_\_

Assistance Applying for: Heating | Cooling | Crisis | Weatherization

\_\_\_\_\_  
Social Services Representative\_\_\_\_\_  
Date

## KIOWA LIHEAP

### VERIFICATION OF NO-INCOME FORM

#### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please Check One: ☐ Applicant ☐ Household member over the age of 18 years.

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 Low-Income Home Energy Assistance Program.
- \_\_\_\_\_ I understand that if I deliberately misrepresent information on this form, I may be ineligible for services for a period up to three 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 (SSDI), 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 to confirm my eligibility for the Low-Income Home Energy Assistance Program, my information may be shared with, but is not limited to, the following entities: County DHS offices and other Tribal Governments.

Please briefly describe why you have no income: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date