



UNITED TRIBES

OF KANSAS AND SOUTHEAST NEBRASKA, INC.

3301 Thrasher Road, White Cloud, KS 66094-4028
785-595-3291 • FAX 785-595-6667

2023-2024 LIHEAP APPLICATION

THIS IS A FEDERALLY FUNDED PROGRAM - APPLICATIONS MUST BE FILLED OUT COMPLETELY WITH COPIES OF ALL REQUIRED DOCUMENTATION IN ORDER TO BE PROCESSED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

PLEASE SUBMIT ALL THE FOLLOWING WITH YOUR APPLICATION:

1. INCOME VERIFICATION FOR THE PAST 3 MONTHS FOR ALL SOURCES OF INCOME IN THE HOUSEHOLD
2. PICTURE ID FOR HEAD OF HOUSEHOLD
3. SOCIAL SECURITY CARDS (OR VERIFIABLE DOCUMENTATION OF SS#) FOR ALL HOUSEHOLD MEMBERS
4. RECENT VENDOR BILL

PLEASE PRINT CLEARLY

LAST NAME

FIRST NAME

MIDDLE INITIAL

PHYSICAL ADDRESS (HOUSE/APT AND STREET NUMBER)

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL)

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()

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PHONE/CELL NUMBER

WORK NUMBER

MESSAGE NUMBER

(CHECK ONE) MARRIED SINGLE DIVORCED SEPARATED WIDOWED

LIST ALL HOUSEHOLD MEMBERS STARTING WITH SELF

| NAME | DOB | SS# (REQUIRED FOR ALL HOUSHOLD MEMBERS) | RACE | HANDICAPPED /DISABLED Y/N |
|------|-----|---|------|---------------------------|
| SELF | | | | |
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INCOME: ALL INCOME MUST BE REPORTED FOR EACH MEMBER RECEIVING: WAGES EARNED, UNEMPLOYMENT, SELF-EMPLOYMENT, SOCIAL SECURITY, SSI, PENSION, VETERAN'S BENEFITS, CHILD SUPPORT, BIA GENERAL ASSISTANCE, TANF, BIA LEASE MONIES, ETC.

| NAME OF PERSON W/ MONEY | TYPE OF INCOME | AMOUNT | HOW OFTEN RECEIVED |
|-------------------------|----------------|--------|--------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

*****PROOF OF INCOME AND A COPY OF YOUR HEATING BILL, WITH ACCOUNT NUMBER MUST BE ATTACHED, YOUR APPLICATION CANNOT BE PROCESSED WITHOUT IT**

HEATING SOURCE: PLEASE PICK

| | |
|--|-----------------|
| NAME ON ACCOUNT: | VENDOR USED: |
| SOURCE OF HEAT: <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> PROPANE <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> FUEL OIL/KEROSENE <input type="checkbox"/> COAL/WOOD | ACCOUNT NUMBER: |

Does anyone in your household receive food stamps? Yes No

Do you own your home? Yes No

Do you rent your home? Yes No

▪ If yes, please list landlord, address and phone number: _____

 Applicants Signature

 Date

OFFICE USE ONLY

Total Income: \$ _____

Percentage/Amount Allowed: \$ _____

Approved

Denied - Reason: _____

 CERTIFIED BY

 DATE

DECLARATION OF INCOME FORM

I, _____, do hereby declare that my total household income is \$ _____, and the size of my household is _____. I further certify that I meet the income guidelines for the _____ assistance program for which I am applying for.

Applicant Signature _____ Date _____

I, _____, do hereby declare that my total household income is \$ _____, and the size of my household is _____. I further certify that I meet the income guidelines for the _____ assistance program for which I am applying for.

Applicant Signature _____ Date _____

DECLARATION OF NO (ZERO) INCOME

I, _____, do hereby certify that I have no (zero) income for the past 30 days, as of the date identified below.

Signature _____ Date _____

I, _____, do hereby certify that I have no (zero) income for the past 30 days, as of the date identified below.

Signature _____ Date _____

I certify that the information contained in this Declaration of Income and No (Zero) Income Form is complete and accurate to the best of my knowledge. I understand that the penalty for providing false information for the purpose of obtaining benefits for which I am not eligible to receive may be subject to prosecution to the fullest extent of Tribal, State, or Federal statute.

RELEASE OF INFORMATION

I, _____ HEREBY AUTHORIZE THE UNITED TRIBES OF KANSAS AND SOUTHEAST NEBRASKA LIEAP OFFICE TO OBTAIN INFORMATION REGARDING MY EMPLOYMENT OR SELF-EMPLOYMENT EARNINGS. I ALSO AUTHORIZE THE UNITED TRIBES LIEAP OFFICE TO OBTAIN ACCOUNT INFORMATION REGARDING MY HOME HEATING SERVICE/SOURCE.

I DECLARE ALL THE INFORMATION ON THIS APPLICATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE INFORMATION MAY BE DEEMED AS FRAUDULENT AND CAN BE USED TO PROSECUTE IN TRIBAL COURTS.

SIGNATURE

DATE

NAME: _____

INFORMATION TO BE RELEASED FROM _____

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

PHONE NUMBER: (____) _____

FAX NUMBER: (____) _____

REASON: _____

RELEASE INFORMATION TO:

UNITED TRIBES OF KANSAS AND SOUTHEAST
NEBRASKA LIEAP OFFICE
3301 THRASHER ROAD
WHITE CLOUD KS 66094
PHONE: (785) 595-3291
FAX: (785) 785-6667

CERTIFIED BY

DATE

Right to a Fair Hearing. Any applicant of the United Tribes Low Income Energy Assistance Program whose application for assistance is denied or who wishes to contest the amount of assistance granted, may request a Fair Hearing. The request must be made within 60 days of the denial or benefit notice. An applicant for LIEAP benefits may initiate the hearing process by filing a request with the Administrative Officer of the United Tribes of Kansas and Southeast Nebraska 3301 Thrasher Road White Cloud Ks 66094.