



Caddo Nation of Oklahoma

P.O. Box 487 | Binger, OK 73009

P (405)656-2344 | F (405)656-2892

LIHEAP ASSISTANCE

**APPLICANT MUST BE AN ENROLLED MEMBER OF THE CADDO NATION OF OKLAHOMA, 18 YEARS OF AGE,
AND HEAD OF HOUSEHOLD**

THE FOLLOWING DOCUMENTS ARE NEEDED TO COMPLETE YOUR APPLICATION

1. Certificate Degree of Indian Blood (CDIB) for ALL Native household members
2. Social Security Number(s) for ALL household members
3. Picture I.D. (Driver's License, State I.D., etc.)
4. Employment verification for ALL employed in household AND/OR if any adult household member receives any type of income (Child Support, TANF, SSI, Social security, Section 8, Royalties-TPI's
(If they exceed \$2,000.00(, Workers Comp., Veterans Benefits)))
5. Any adult in the household with no income must submit one of the following:
 - a. Unemployment affidavit
 - b. Layoff letter from previous employer
 - c. Letter from unrelated third-party verifying unemployment
6. Original Utility Bill, Quote, Invoice

BY SIGNING BELOW:

- I understand that I must have all required documents in my case file before my application will begin the review process.
- I understand I have a period of 2-4 weeks from date of application to submit all necessary documentation or my case will be closed.
- I understand that we no longer make pledges or intent to pay, we will not accept faxed application, and this process can take 1-4 weeks.
- I further understand that my application will be thoroughly reviewed, and any false information found could result in no assistance for one (1) year.

Applicant Signature: _____ Date: _____



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LIHEAP APPLICATION

Date		County		Roll #	
Last Name		First Name		Middle Initial	SSN
Address		City		State	Zip
Home Phone				Cell Phone	

LIST ALL HOUSEHOLD MEMBERS (INCLUDING YOURSELF)

NAME	AGE	HANDICAP	DISABILITY	CDIB	SSN

Which of the following do you utilize as primary source of heating/cooling? Mark only one.

Gas Electric Propane/Butane Coal/Wood Kerosene

Name of Supplier			
Address			
Account Name		Account Number	
If bill is not in your name, explain why			

Employer	Address	Monthly Income

Other Income Received	Amount & How Often	
TANF	Y	N
SSI	Y	N
Social Security	Y	N
Veteran's Benefits	Y	N
Worker's Compensation	Y	N
Unemployment Benefits	Y	N
Child Support	Y	N
Royalties, TPI, Etc.	Y	N

Have you or any other member of your household received LIHEAP or Crisis Assistance from any other sources?	Y	N
If yes, when and from what source (name, address, & phone #):		
Are you receiving any assistance from any other program from the Caddo Nation or Caddo Housing Authority?	Y	N
If yes, from what program:		

Applicant Signature: _____ Date: _____

OFFICE USE ONLY			
Approved		Denied	
Comments _____			
Heating	Cooling	Amount Approved	\$ _____
Coordinator Signature: _____ Date: _____			