



Caddo Nation of Oklahoma

P.O. Box 487 | Binger, OK 73009

P (405)345-9861 | F (405)656-0960

AMERICAN RESCUE PLAN COVID-19 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. Picture I.D. (Driver's License, State I.D., etc.)
3. Tribal Head of Household must submit one of the following:
 - a. COVID-19 loss affidavit or statement of how COVID is effecting your ability to pay bills.
 - b. Layoff letter from previous employer due to COVID
 - c. Please include what your unmet needs are.
4. 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.
- Assistance is \$250 once a year. The amount can be applied as a credit if bill is less than \$250.00

Applicant Signature: _____ Date: _____



Caddo Nation of Oklahoma

P.O. Box 487 | Binger, OK 73009
 P (405)345-9861 | F (405)656-0960

**AMERICAN RESCUE PLAN COVID-19
 LIHEAP APPLICATION**

Date							
Last Name	First Name	Middle Initial	Last 4 digits of Tribal Roll #				
Physical Address	City			State	Zip		
Mailing Address (if different)	City			State	Zip		
Home Phone	Cell Phone		E-mail				

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			

Please write statement of loss due to COVID below.

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: _____	