



KIOWA TRIBE

LOW INCOME HEATING & ENERGY ASSISTANCE PROGRAM (LIHEAP)

806 Wynan Court, Anadarko, Oklahoma 73005

(405) 648-4080 Fax (405) 648-7078

Carnegie Office

PO Box 369, Carnegie, OK 73015

(580) 654-6361 Fax (580) 654-7109

CERTIFICATION OF NO INCOME

This form is required to certify "no income" or "zero income" when applying for assistance to the Low Income Heating & Energy Assistance Program of the Kiowa Tribe.

APPLICANT HOUSEHOLD MEMBER OVER THE AGE OF 18 YEARS OF AGE

PERSONAL INFORMATION

First Name:	Last Name:	Date of Birth:
Maiden Name:	SSN:	Phone #:

NO INCOME VERIFICATION

A. I certify that I currently do not have any income: (please check box)

1. I have had no income since: _____/_____/_____

2. I do not expect to receive any income until: _____/_____/_____

B. Please provide this information of your monthly expenses. (enter amounts)

Rent _____	Electric _____	Water _____
Phone _____	Propane _____	Fuel (car) _____
Groceries _____	Hygiene/Household _____	Other _____
Laundry _____	Clothing _____	

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 _____.

CERTIFICATION (To be completed by applicant)

By initialing to the left of each statement and signing below, I agree that:

- I understand that verification of income is required to determine eligibility for the LIHEAP Program.
- I understand this information is required for my LIHEAP application determination.
- 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 do not receive any money through employment, or from other sources (like unemployment, interests, retirement, Social Security Disability Income (SSDI), supplemental security income (SSI), etc.)
- I certify that I do not have any income.
- Client Certification and & Release: 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.

Applicants Signature:	Date:
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Staff Only: Date of Verification: List phone number: Comments:
