



## KIOWA TRIBE SOCIAL SERVICES

### LOW INCOME HEATING & ENERGY ASSISTANCE PROGRAM (LIHEAP) Application

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## LIHEAP Guidelines

- LIHEAP is income based and is granted per tribal household
- LIHEAP service area is Caddo, Comanche, Cotton, Grady, and Kiowa counties
- Copy of Tribal ID & Social Security card is required for ALL household members
- Copy of utility bill
- Certification of No Income (if applicable to household members 18 & over)
- Applications will/cannot be processed until ALL required documents are received
- ONLY the applicant will receive notification on the status of their application
- Checks are sent directly to the vendor
- Cooling, Heating, & Crisis assistance are each granted once per program year
- Tribal Households may apply for each category of assistance



Type of Residence:

Own

Rent

Landlord's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Other: (specify) \_\_\_\_\_

Have you made application to, or received assistance from any other Tribe, agency, or organization under the Low Income Home Energy Assistance Program (LIHEAP) since October 1, 2019?  Yes  No

**HOUSEHOLD INFORMATION:** (This information is required, you will need to list all household members.)

Name	Age	Social Security Number	Tribal Affiliation

**HOUSEHOLD INCOME:** Income information is required, source (i.e. SSI, TANF, Wages, Child Support)

Name	Source	Amount	Frequency
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**VENDOR INFORMATION (GAS, ELECTRIC, PROPANE, OR UNIT REPAIR/REPLACE)**

Company Name		Account #	
Address		Name on account	
City		Amount due	\$
State		Telephone Number	
Zip Code		Fax Number	

LIHEAP is a federally funded program assisting low income households with their home energy costs. Priority is given to applicants whom are elderly, and low-income families with minor children. Applicants must not have received any energy assistance from DHS and/or other tribal agencies with the LIHEAP fiscal year (October 1<sup>st</sup> through September 30<sup>th</sup>). All adult occupants listed on this application will be verified with DHS and other tribal agencies to check if anyone in the household received assistance through other energy assistance programs.

LIHEAP guidelines requires that applicant is the head of household that resides in Caddo, Comanche, Cotton, Grady, and Kiowa counties. Documentation needed is a copy of ALL household member's social security cards, Tribal Enrollment Information of all adults, vendor/bill, and household income verification. If any person age 18 years of age or older (not in high school) not employed, must complete a Certification of No Income Form. All applications are pending until all required documentation is received by Social Services staff.

By signing below, I verify that the information I have provided is true and accurate to the best of my knowledge. Your eligibility is based on your household size and age of children. It would be in the best interest of your household to not leave anyone off your application because it may increase your benefit amount.

I give permission to the Kiowa Tribe Social Services staff to contact other tribal and state LIHEAP programs to verify any member of my household has not received any assistance through their programs.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Office Staff Only:**

Staff comments:
Income for the last 12 months from date of application:
Eligible: \$
Not Eligible because:

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



**KIOWA TRIBE SOCIAL SERVICES**  
**LOW INCOME HEATING & ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**FRAUD AND COMPLIANCE STATEMENT**

I certify that I have read the conditions of this application in regards to total household income, proof of identity, the number of persons residing in my household, and to include any other required information on this application. **Initial** \_\_\_\_\_

I agree to allow Social Services staff to verify any portion of this application. Any information found to be erroneous or false may be grounds for denial of assistance. In cases of clearly identified fraud, I understand that I will be denied LIHEAP assistance for a period of 1-3 years and a letter for the reason(s) of my denial sent to their county LIHEAP provider as well as their funding agency. Please note that in all cases of fraud the US Department of Health and Human Services, through the United States Government may at their discretion file criminal charges on applicant. **Initial** \_\_\_\_\_

Applicant Signature:	Date:
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