



KIOWA TRIBE

LOW INCOME HEATING & ENERGY ASSISTANCE PROGRAM (LIHEAP)

806 Wynan Court, Anadarko, OK 73005

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

Carnegie Office

P.O. Box 369, Carnegie, Oklahoma 73015

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

APPLICATION DATE: _____

Assistance your Apply For: Heating
 Cooling
 Crisis

Dates Available: 11/5/18-1/31/19

Dates Available: 6/3/19-8/9/19

Dates Available: 12/3/18-7/31/19

(Crisis is an immediate disconnect or final cut off notice)

First Name:		Middle Initial:	Last Name:
Mailing Address:			
Physical Address:			
City:	State:	Zip Code:	
Telephone:		Message-Contact Name: Message Number:	
Date of Birth:		Age:	
Social Security Number:		Kiowa Enrollment Number:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Is there anyone is your household disabled? Yes No <input type="checkbox"/> <input type="checkbox"/>		If, yes do they receive SSID? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:	
Are any members of your household receiving TANF or food stamp benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Case Number: # _____ Name:	

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, 2018? 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 and/or heating/cooling unit repairs or replacement. 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 1st through September 30th). All adult occupants listed on applicants 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 OF OKLAHOMA

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 State Government may at their discretion file criminal charges on applicant. **Initial** _____

Applicant Signature:	Date:
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