

**United Tribes of KS & SE NE, Inc. Low Income Home Energy Program (LIHEAP)  
FY 2022 APPLICATION**

**Instructions:** Applications for heating energy assistance will be accepted until April 30, 2022. Return this completed and signed application to United Tribes LIHEAP, 3301 Thrasher Road, White Cloud, KS 66094. **Incomplete applications will be returned. Continue to make regular payments to avoid a utility disconnection.** Benefits are not based on what you owe.

NAME(S) OF ALL HOUSEHOLD MEMBERS (Last, First, Middle Initial) . Please Print.	RELATIONSHIP TO HEAD OF HOUSEHOLD (self, spouse, daughter, son, cousin etc.)	SOCIAL SECURITY #	DATE OF BIRTH	SEX (M/F)	MAIDEN NAME OR PREVIOUS NAME(S)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

<b>7. Street Address</b>	<b>City</b>	<b>Zip</b>	<b>County</b>
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**8. Have you ever applied for LIHEAP before? Yes \_\_\_ No \_\_\_**  
If yes, from United Tribes or SRS/HHS? \_\_\_\_\_

**9. Do you have a legally appointed conservator paying your bills? Yes \_\_\_ No \_\_\_** If yes, list that person's name, complete address and phone number: \_\_\_\_\_

<b>10. Check if a household member receives the following:</b>	<b>11. Do you live in subsidized, low-income housing, Senior citizen apartments, public housing, etc? Yes ___ No ___</b> If yes, what is the name of the housing unit? _____
Food Stamps Yes ___ No ___	
Medical Card Yes ___ No ___	What is the name and phone number of the manager in charge of this housing unit? _____
ADC Yes ___ No ___	
GA Yes ___ No ___	
SSI Yes ___ No ___	

**12. Enter the number of household members in any of the following categories (for statistical data)**  
 \_\_\_ 0-2 years      \_\_\_ 3-5 years      \_\_\_ 6-18 years      \_\_\_ 60-64 years      \_\_\_ 65-74 years  
 \_\_\_ 75 years and older      \_\_\_ Disabled      \_\_\_ Unable to speak English

**13. Emergency Information**  
**IF** any of the following situations apply, check the appropriate boxes:  
 A. Has your utility office sent you a recent notice of disconnect? **(If YES, Enclose the notice)** Yes \_\_\_ No \_\_\_  
 B. Is your household already **disconnected** from utility service? Yes \_\_\_ No \_\_\_  
 C. Is anyone in your household using medical life support equipment operated by electricity? Yes \_\_\_ No \_\_\_  
 D. If your primary heat is wood or propane, have you completely exhausted your supply? Yes \_\_\_ No \_\_\_

**14. HOUSEHOLD INCOME**

Circle/check the type of income received by all persons living at your residence, then write the amount of gross income received by each person during the last 3 months. ***You must enclose proof of income for the last 3 months.***

Proof may include such items such as pay stubs, receipts, award letters, bank statements or employer's statement. Originals will be returned.

Gross amount

Name of person receiving income

ADC

GA (General Assistance)

SSI (Supplemental Security Income)

Wages from employment

Unemployment Benefits

Worker's Compensation

VA Benefits

Railroad retirement, Government,  
Other pensions

Child Support/Alimony

Self-Employment

Per Capita Payments

Money from others

Insurance Settlements

Other Income-Specify type  
(Such as Interest Income etc.)

15. If any household member(s) was employed during the past 3 calendar months, complete the following information:

Name of employed household member    Employer's Name & Phone #    How often Paid    Starting date

16. Do you earn interest from any financial institution? Yes \_\_\_ No \_\_\_  
Do you have any cash assets, such as CD'S, Cash Investments Yes \_\_\_ No \_\_\_ If Yes, amount \_\_\_\_\_

17. List the name, address and phone number of all banks, savings and loans or persons paying you interest.

18. Do you have Medicare Part B Insurance premiums deducted from your social security or other retirement pension? Yes \_\_\_ No \_\_\_

19. Is anyone in the household now on strike? Yes\_\_\_ No\_\_\_ If yes, what date did the strike begin?

20. List all address where you have lived in the past 12 months.

\_\_\_\_\_

\_\_\_\_\_

**21. HEATING ELIGIBILITY INFORMATION**

Which best describes your housing situation? Check or circle the one letter that applies

**A. You rent your home: give name, address and telephone number of your landlord.**

\_\_\_\_\_

**B. You own your home.**

22. Circle the item which best describes how you pay for heating costs. (Check the one box that applies to you)

**A.** You pay a fuel company for your heating costs which are in your household's name

Name on bill \_\_\_\_\_ Relationship to you \_\_\_\_\_

**B.** You pay a fuel company for a fuel bill which is in the landlord's or other person's name

Name on bill \_\_\_\_\_ Relationship to you \_\_\_\_\_

**C.** Your heating fuel costs are included in the rent

**D.** You are not responsible for purchase of heating fuel in any way.

**E.** You have a credit balance or more than \$200 with the heating fuel company. **Enclose a copy of your most recent bill showing the credit balance.**

23. Check the situation that best describes where you live.

**A.** One family house (not connected to another living unit)

**B.** Duplex (or house divided into 2 units)

**C.** Apartment(2 or more walls connect to another unit)

**D.** Mobile or modular home

**E.** Travel Trailer or camper (on wheels)

**F.** Group Home

**G.** Nursing Home

**H.** Other, Specify: \_\_\_\_\_

24. Which best describes the heating system in your home, even if you are using another system? (Circle ONE. If filling electronically, choose the letter that applies to you in the drop down.)

**A.** Central gas furnace **B.** Steam or hot water **C.** Central Electric furnace **D.** Electric heat pump

**E.** Fireplace or wood stove **F.** Floor, wall or pipe less furnace **G.** Gas stove, freestanding and vented

**H.** Solar heating system **I.** Room heaters (No built in system)

25. Circle (or use the drop down) to select the fuel used by the heating system in question 24.

**A.** Gas from underground pipes

**B.** Bottles tank or propane

**C.** Electricity

**D.** Fuel oil or kerosene

**E.** Coal or coke

**F.** Wood

**G.** Other, Specify \_\_\_\_\_

26. Provide name, address and telephone number of the heating utility or fuel(Propane) vendor supplying this fuel

\_\_\_\_\_

\_\_\_\_\_

27. Heating Fuel Payment History:

Please attach a copy of the last 3 months of your primary heat source bill, showing any payments made and the total due to the vendor. If you use propane as your primary fuel, then please attach your latest billing summary or your last refills within the last 3 months. Thank you.

Method of Payment

28. Check how you want your heating benefit issued.

**A.** 100% to primary fuel vendor -OR-

**B.** 50% to primary fuel vendor and 50% to my electric company. Name of electric company:

**\*\*Nebraska Clients Only\*\***

**Cooling** Check which of the following applies- Central Air: \_\_\_\_\_ Window Unit: \_\_\_\_\_ Fans: \_\_\_\_\_  
Name of electric company \_\_\_\_\_

**YOU MUST SIGN BELOW- READ THE FOLLOWING CAREFULLY BEFORE SIGNING.**

I certify that all information which I have provided is complete and accurate. I understand that it is my responsibility to provide proof of income, fuel payments and other information needed to establish eligibility. I understand that if I receive assistance to which I am not entitled as a result of withholding information or knowingly providing false or fraudulent information regarding my circumstances, I must repay the cost of any assistance and may face penalty of criminal prosecution.

I authorize United Tribes of Kansas & Southeast Nebraska, Inc to release application and benefit information to my energy provider. I further authorize my provider to release consumption levels and payment information to my household to United Tribes of Kansas & Southeast Nebraska, Inc.

I understand that I may appeal untimely processing which exceeds 30 days after my complete application is submitted. I understand that I have the right to appeal any decision regarding this application and that my request must be made within 30 days of the date of my denial or check date.

I authorize any investigation necessary to establish my household's eligibility for assistance including the release of bank, payroll, medical, and /or other records from business and professional organizations.

I certify that I will not apply to both United Tribes and SRS/HHS for benefits and authorize united Tribes of Kansas & Southeast Nebraska, Inc to provide the local SRS/HHS office with information regarding my application including benefit levels.

**REMINDERS:** 1. Enclose copies of Tribal enrollment cards and proof of ID (such as a driver's license, state issued ID, insurance cards or other photo ID card.

2. Enclose Social Security cards for at least all adult members in the household

3. Provide proof of income for 3 months

4. Enclose proof of fuel payments for 3 months

5. Sign application below.

6. Return application to United Tribes of Kansas & Southeast Nebraska, Inc LIHEAP, 3301 Thrasher Road, White Cloud, KS 66094, by April 30, 2020.

If you are interested in receiving information on either of the following programs also available through United Tribes, please place a checkmark beside them and we will be glad to get in touch with you regarding that program. Thanks!

USDA Commodities

**30. Signature of Applicant**

**Date**

**Daytime Phone Number**

**DO NOT WRITE IN SPACE BELOW, FOR OFFICE USE ONLY**

Date received \_\_\_\_\_ Complete? Yes \_\_\_ No \_\_\_ Date Complete: \_\_\_\_\_

Rec'd By \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Household Type \_\_\_\_\_ # in Household \_\_\_\_\_

Fuel \_\_\_\_\_ Amount of benefit \_\_\_\_\_ Split Payment? Yes \_\_\_ No \_\_\_

Monthly Income \_\_\_\_\_ Primary Vendor \_\_\_\_\_ Secondary Vendor \_\_\_\_\_

Yearly Income \_\_\_\_\_ If Denied, reason for denial \_\_\_\_\_