UNITED TRIBES OF KANSAS AND SOUTHEAST NEBRASKA

Low Income Home Energy Assistance Program
LIHEAP Application

The Low-Income Home Energy Assistance Program (LIHEAP) provides services to Indian families for the assistance with heating and cooling costs. Applicants must be Native American, meet income guidelines, have not received LIHEAP assistance within one year or from any state and/or other tribal LIHEAP program. Applications must be completed in its entirety before they are considered for approval. Failure to provide the required information may result in a delay or denial of assistance. Due to the limited funding of this program, assistance is not guaranteed. This application can and may take up to 30 days for processing. At the end of the processing period, you will be notified by written correspondence of the decision made on this application.

Please note that any incomplete applications will be returned. In order to receive services, you must qualify by meeting all eligibility requirements and program funding must be available.

The following information is required for ALL household members in order to determine eligibility for assistance:

- Tribal Enrollment Card(s)
- Social Security Card(s)
    - ➢ Birth Certificate(s)
- Driver's License(s)
- Income Verification
    - ➢ Pay Stub from Employer along with Verification of Income Form
    - ➢ Letter from State Employment Office, if unemployed, or
    - ➢ Letter from the Department of Human Resources, or
    - ➢ Letter from Social Security, VA, SSI, or
    - ➢ Letter from Child Support Agency, or
    - ➢ Copy of last year's Income Tax Statement, or
    - ➢ Zero Income Declaration Form
- Current utility bill(s) that you would like assistance with
- Completed Application
- W-9, if needed

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Name of Head of Household: _____

Current Address: _____

City:_____ State:_____ Zip: _____ County: _____

Home Phone:_____ Cell Phone:_____

FAMILY INFORMATION

Beginning with yourself, **list ALL the people who live in your household**. Each box must be completed for each family member.

Name: First, Last	SS#	Date Of Birth	Sex	Relation To Head	Disabled Y/N	Tribal Y/N	Child Y/N
				SELF			

Tribal Affiliation: _____

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HOUSEHOLD INCOME

Income are as follows: PROOF OF INCOME LAST 60 DAYS REQUIRED

*Wages/Salaries *Workman's Comp *Alimony *Pension
*Retirement *Self Employment *TANF *Child Support
*Per Cap *Unemployment *SSI

Family Member	Income Source	Amount	Frequency

RENTAL INFORMATION

Rent ⬭ Own ⬭

Landlord Information

Name	Address	Phone Number	How Long

Are your heating expenses included in rent? Yes ⬭ No ⬭

HOME ENERGY NEEDS

Identify Heating Source:

_____Wood _____Electric ____Natural Gas _____ Propane

_____ Other

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ELECTRIC COMPANY INFORMATION

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name utilities are currently listed: _____

NATURAL GAS COMPANY INFORMATION

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name utilities are currently listed: _____

PROPANE COMPANY INFORMATION

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name utilities are currently listed: _____

Do you want payment split 50/50: _____

Have you received assistance in the last year? Y / N If yes, what services did you receive?

_____

From whom did you receive services? _____

Are you receiving? _____ Food Stamps _____ Commodities

I declare the information above is true and correct and that I cooperate with Tribal and Federal officials should my application become part of a quality control audit review. I understand LIHEAP is federally funded and there is a penalty for providing false information. I hereby authorize Tribal representatives to make any necessary investigations of my financial condition or other information regarding my eligibility. I understand I have the right to fair hearing if I am not satisfied with the decision, action or any unreasonable delay in a decision on my application. A request for a fair hearing must be submitted in writing to the Board of United Tribes within 10 days of the decision notification.

Signature of Applicant _____ Date _____

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DECLARATION OF INCOME FORM

I, _____ , do hereby declare that my total household income is $_____ , and the size of my household is _____ . I further certify that I meet the income guidelines for the LIHEAP program for which I am applying for.

Applicant Signature _____ Date _____

DECLARATION OF NO (ZERO) INCOME FORM

I, _____ , do hereby certify that I have no (zero) income for the past 30 days, as of the date identified below.

Applicants Signature _____ Date _____

RELEASE OF INFORMATION

I hereby authorize the United Tribes of Kansas and Southeast Nebraska LIHEAP office to obtain information regarding my employment or self-employment earnings. I also authorize the United Tribes of Kansas and Southeast Nebraska LIHEAP office to obtain account information regarding my home heating service/source.

I DECLARE ALL THE INFORMATION ON THIS APPLICATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE INFORMATION MAY BE DEEMED AS FRAUDULENT AND CAN BE USED TO PROSECUTE IN TRIBAL COURTS.

Applicants Signature _____ Date _____

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