

OVERVIEW:

Low Income Home Energy Assistance Program

LHIEAP is designed to alleviate the immediate threat of utility service disconnection (i.e. electricity, gas, propane or heating oil/wood). Any federally recognized Native American family that meet the guidelines are eligible for this service. The program runs from May to September for **Cooling Assistance** and November to March for **Heating Assistance**.

IMPORTANT:

Any unpaid balances from a previous residence, any re-connect fees or deposits of any kind will not be paid. Services cannot be duplicated (applicant cannot receive assistance from the Absentee Shawnee Tribe, if services have been received from another state/county/local or tribal agency and vice versa). Single individuals with no dependents are low priority for assistance.

ELIGIBILITY:

To be eligible the following criteria must apply:

- Enrolled member with ¼ degree of blood of a federally recognized tribe (signature of Tribal member required)
- Must reside in **CLEVELAND** and **POTTAWATOMIE COUNTIES**
- 18 years of age or older **NO EXCEPTIONS**
- Applicants' combined household income for the 30 days prior to application is at or below Federal Poverty Guidelines.
- Utility bill(s) must be in the tribal member's and/or spouse's name (if in spouse name, spouse must reside in the home) **NO EXCEPTIONS**
- Applicant must reside in Pottawatomie or Cleveland County.

REQUIRED DOCUMENTATION:

Applicants are required to bring and complete the following documentation:

- Social Security cards for **ALL** members residing in the residence
- CDIB cards for **ALL** members residing in the residence (if applicable)
- Current utility bill and/or disconnect notice
- Prior 30 days income verification (i.e. check stub, social security, unemployment, TANF, etc.)
- Unemployed persons must complete self-certification form provided by case worker



Please provide the <u>ALL</u> required documents listed below that apply to your particular situation.

An incomplete application will cause a delay or denial in services. Should your utility service be disconnected or accrue late fees due to an incomplete application the Social Services *will not* pay any of the reconnections and/or late fees.

*FOR ALL HOUSEHOLD MEMBERS 18 years-old and older

- *Income (Earned, Retirement, Pension, TANF, etc.): Check stubs, award letter, or website statement which include date, name or social security number, and total income before deductions. If check stubs are not available, a signed statement from your employer showing dates paid, amounts paid, hourly rate and hours worked in proof if it dated and includes the address and phone number of the person signed the statement.
- 2. *Unemployed and/or Unemployment Benefits: Unemployment self-certification form provided by Social Services for those not working or copy of your current award letter, check or summary of wages for those who receive unemployment benefits.
- *Self-Employed: Self-employment certification form provided by Social Services and/or copy of last years tax return or current record books of your earnings and expenditures.
- 4. *Photo ID's: Social Security card, and C.D.I.B card. As well as, Drivers License and/or State ID.
- 5. **Utility Bill:** Current 30 days bill and/or disconnect notice for electricity, gas, water/sewage, propane or heating oil/wood. <u>Remember: utility bill MUST be in tribal member or spouses name and spouse MUST reside in the home.</u>

By signing below, I certify I have read the guidelines and understand the items above are required to complete and process my application for LIHEAP. I further certify this is not an entitlement program and is based only on funding availability.

Tribal Member Signature	Date
Co-Applicant	Date



Application for Low Income Home Energy Assistance - Heating

Other members in the househ	iold:							
Client name		Applicant/	guardia	n name				
Social Security number	Date of birth	Tribal affi	Tribal affiliation Sex		County			
Mailing address	City	State			Zip			
Finding address	City	State				Zip		
Name	Social Soc	curity no	Dato	of hirth	Sex	Tribe		
Name	Social Sec	Jurity 110.	urity no. Date of birth		Sex	TTIDE		
A household member is: □ a	ge 60 or older							
	~	rablad						
□ permanently disabled								
☐ child two years or under								
☐ child three through five years of age								
□ child five years or under								
☐ either 60 years or older, disabled, or age five or under								
Number of adults in household: Number of children in household:								
Housing is: ☐ renting ☐ owned/buying ☐ room only								
If renting, does your rent inclu		•		□ Ye	s 🗆 No			
Amount of rent you pay:								
Do you receive financial help from any source to pay for your housing								
and heating cost?	out not promisely country to pay to your notices.			□ Ye	s 🗆 No			
If yes, who?								
Do you presently have a shut-off notice or is your fuel supplier								
refusing to deliver?					□ Ye	s 🗆 No		
Total household gross monthly income: \$ Total cash assets, including cash on hand, checking or savings accounts:								
If your hosting hill is NOT included in your rent, complete one calcution on the								
If your heating bill is NOT included in your rent, complete one selection on the next page:								
next page:								

Natural gas or electricity – Attac	ch most recent bill c	or copy of bill.			
Company name		Account numbe	r		
Account name, as shown on your bil	II If the acco	unt is not in you	name, explain		
Address where gas or electric meter	is located				
Propane or butane. I want my (ch	neck one): 🗆 p	ropane 🗆 buta	ane delivered by:		
Company or supplier name					
Mailing address of supplier					
Address where the fuel tank is locate	ed or fuel is delivere	ed			
Firewood, coal, oil, or kerosene	₽.				
For heating fuel, I use (check one):	☐ firewood ☐	coal 🗆 oil	□ kerosene		
I hearby authorize Absentee Shaw necessary investigation of my hous eligibility, including, but not limited provider. I have been informed the provides false information for the pureceive may be subject to prosecuti statute.	ehold's financial sit d to, examination nat any person who urpose of obtaining	tuation and other of my account v o knowingly, will benefits which he	conditions relating to with any public utility fully, and fraudulently or she is ineligible to		
Signature		Date	Phone		
Witness, if you sign with an X:					
	Signature				
FOR OFFICE USE ONLY.					
Total net earned and unearned inco	me equals countab	le income \$			
Household size: Eliç	gible amount: \$				
☐ Approved ☐ Denied					
Social Service Representative		Date			