

SOCIAL SERVICES DEPARTMENT

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Low Income Household Water Assistance Program

Delaware Nation Low Income Household Water Assistance (LIHWAP) grant program assists with household water and waste water services. Priority will be given to the elderly (60 and over), disabled, families with young children (5 and under), and homes with high water burdens (10% or more). This program operates on a first come first serve basis until funds are exhausted.

REQUIREMENTS

- Head of household or spouse must be an enrolled Delaware Nation citizen
- Household cannot have received LIHWAP thru DHS, another tribe or any other funding source that receives LIHWAP
- Submit a completed LIHWAP application and supportive documentation
- Provide income verification for **all** household members over the age of 18
- Provide a copy of enrollment card (any tribe, if applicable) and social security cards for everyone in the household
- Provide a copy of **current water utility bill in applicant's name**

RESPONSIBILITIES

- All supportive documentation must be submitted with an application to be considered for assistance.
- **Failure to report total household income may result in being disqualified from the program for one year.**

REQUIRED DOCUMENTS

If you fail to secure the documents listed below your file will be **placed on pending status**.

- ✓ Completed application
- ✓ Enrollment cards (for any tribe, if applicable) for all household members
- ✓ Copy of Social security cards for **ALL** household members
- ✓ Proof of Income (last 30 days) for **ALL** household members over the age of 18
- ✓ Copy of water utility bill in the tribal citizen's name

SERVICE AREA

Caddo, Comanche, Grady, Canadian, Oklahoma, Cleveland, McClain, Pottawatomie and Tulsa counties in Oklahoma



Date Rec'd _____

LIHWAP Application

Full Name: _____
First Last

Address: _____
Street Address

_____ City State Zip Code County

Home or cell Phone: (_____) _____

Roll Number: _____ Age: _____

Are you: Married Single Divorced Separated Widowed

List all household members:

Name	Age	Disabled Y/N	Tribe	CDIB#	SSN

*For additional household members, please continue on back of page.

List member(s) of the household that receive food stamps and the case# _____

List ALL household income, amount and how often received (Social Security, Worker's Compensation, Child Support, Unemployment, VA Benefits, Retirement Benefits, TANF, Royalties, Voc. Rehab., Etc.)

Name	Income Type	Amount	How often? (weekly, biweekly etc.)

*For additional household members, please continue on back of page.

Type of Residence: Mark one.

Own Rent

Print name of the water utility company _____

Have you made application to, or received assistance from any other Tribe, agency or organization under the Low-Income Household Water Assistance Program (LIHWAP) within the past six (6) months?

YES NO

The amount of payment of your water bill is calculated by taking into consideration the above information. Please, complete all questions to the best of your ability. If you need assistance in completing this application, please do not hesitate to contact this office. The above information is required before this office can process your paper work.

I will provide verification of income and water utility bill. I authorize the LIHWAP program coordinator to obtain necessary verification on any of these statements when necessary. The penalties for providing false information shall be suspension from the LIHWAP program. Proof of all statements made on this application must be provided before any consideration of eligibility. If you are deemed eligible or ineligible, you will be notified by email or phone within 5 business days of the date your application was received. Mailed notifications will be sent within 5 business days of the date your application is received. Appeal must be made to the Tribal Administration about the program within 10 days after your notification of ineligibility or your notification of benefit.

I attest that the information given above is true and correct to the best of my knowledge.

Signature of applicant

Date

OFFICE USE ONLY

Approved Denied

FOR: General Crisis

Coordinator Signature

Date

Tribal Administrator Signature for Crisis

Date