

# SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

## Low Income Home Energy Assistance Program

Delaware Nation Low Income Home Energy Assistance (LIHEAP) grant program assists with home heating or cooling bills and/or energy assistance twice a year. **LIHEAP assists with cooling in the summer and heating in the winter.** Priority will be given to the elderly (60 and over), disabled, families with young children (5 and under), and homes with high energy 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 LIHEAP thru DHS or any other funding source that receives LIHEAP
- Submit a completed LIHEAP application and supportive documentation
- Provide income verification for **all** household members over the age of 18
- Provide a copy of CDIB and social security cards for everyone in the household
- Provide a copy of **current 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
- ✓ CDIB 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 utility bill in the Tribal citizen's name

### **SERVICE AREA**

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

LIHEAP Program  
P.O. Box 825  
Anadarko, OK 73005



Toll Free 1-800-203-2121  
Phone (405)247-2448  
Fax (405)247-5942

Date Rec'd \_\_\_\_\_

## LIHEAP 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 (list applicant information first)	Age	Disabled Y/N	Gender	Race	Ethnicity	Tribe	Last 4 of SSN

**Gender:** M= male, F= Female, U= Unidentified

**Race:** A= American Indian/Alaskan Native, AS= Asian, B= Black or African American, NH= Native Hawaiian/other Pacific Islander, W= White, M= multi, O=other

**Ethnicity:** H= Hispanic, Latino or Spanish origins, N= Non-Hispanic, Latino or Spanish Origins

**\*Race, ethnicity and gender questions are for grant reporting purposes only and do not determine eligibility.**

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.)

Type of Residence: Mark one.

Own  Rent

Which of the following do you utilize as primary source of heating/cooling? Mark only one.

Propane  Electricity  Fuel Oil

Natural Gas Other: \_\_\_\_\_

Print name of utility company? \_\_\_\_\_

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

YES  NO

**By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Approved  Denied

FOR:  Heating (Oct 1- March 14)  Cooling (March 15-Sept 30)  Crisis

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Date