

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

Email: socialservices@delawarenation-nsn.gov

***Appeals must be submitted in writing to the Tribal Administrator within 10 days of notification.**

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