

**THE KICKAPOO TRIBE OF OKLAHOMA
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
(L.I.H.E.A.P.)
FEDERALLY FUNDED PROGRAM**

DOCUMENTS NEEDED BEFORE APPLICATION WILL BE COMPLETED:

1. Please submit **COMPLETED APPLICATIONS ONLY** (Do not leave any blanks.)
Incomplete applications cannot be processed.
2. Copy of **ALL TRIBAL ENROLLMENT** verifications for everyone in the household.
3. Copy of **recent/current gas, propane, electric bill, or cost of firewood** from vendor with name, address, and telephone number.
4. Copy of **ALL INCOME** verifications (recent/current check stub, TANF/SNAP, SSI, Disability, unemployment benefits, workman's comp., etc. Any award letters.
5. All utility bills must be in the head of household's name.

All applicants must be enrolled members of a Federal recognized Tribe and reside within the original reservation boundaries of the Kickapoo Tribe of Oklahoma or must be enrolled members of the Kickapoo Tribe of Oklahoma who reside within the 15 mile radius of those boundaries within the State of Oklahoma. Only head of households who are enrolled Kickapoo Tribe of Oklahoma and are named on the utility bills may apply within the extended 15 mile radius for purpose of LIHEAP.

Once your application has been submitted with **ALL** verifying documentation, you will be notified by mail when your application has been approved.

INCOME ELIGIBILITY

150 PERCENT OF THE FEDERAL POVERTY GUIDELINES

(\$150.00 MAX/SINGLE) (\$300.00 MAX/ELDERS) (\$400.00 MAX/FAMILY)

THIS INCLUDES EMERGENCY CRISIS ASSISTANCE

SIZE OF FAMILY	150% YEARLY	150% MONTHLY
1	\$16,245	\$1,353.75
2	\$21,855	\$1,821.25
3	\$27,465	\$2,288.75
4	\$33,075	\$2,756.25
5	\$38,685	\$3,223.75
6	\$44,295	\$3,691.25
7	\$49,905	\$4,158.75
8	\$55,515	\$4,626.25

For family units with more than 8 members, add \$4,114 for each additional member.

Kickapoo Tribe of Oklahoma
L.I.H.E.A.P. Application

Name: _____ DOB: _____ Tribe: _____
 Roll: _____ SSN: _____

Spouse: _____ DOB: _____ Tribe: _____
 Roll: _____ SSN: _____

Mailing Address: _____
 Street City State Zip

Finding Address: _____
 Street City State Zip

Telephone: _____ Cellular: _____ Message: _____

List All Persons In Your Household:

Name	DOB	Tribe	SSN	Relationship

A Household member is:

- Age 60 or Older Permanently Disabled Children Two Years or under
 Child three years to five years of age

Number of adults in household: _____ Number of children in household: _____

Housing is : Rented Owned/Buying Mutual Help home Room Only

If renting, does your rent include your heating bill? Yes No

Amount of rent you pay? _\$ _____

Do you receive financial help from any source to pay for your housing and heating cost?

Yes No If yes, who? _____

Do you presently have a shut off notice or is your fuel supplier refusing to deliver?

Yes No

If your heating bill is NOT included in your rent, complete one of the sections below

NATURAL GAS OR ELECTRICITY- Attach most recent bill or copy of bill

Company name	Account Number
Account name, as shown on your bill	If the account is not in your name, please explain
Address where gas or electric meter is located	

PROPANE OR BUTANE I want my (check one) Propane Butane Delivered by:

Company or supplier name	Mailing address of supplier
Address where the fuel tank is located or fuel is delivered	

FIREWOOD, COAL, OR KEROSENE. For heating fuel, I use (check one) Firewood Coal

Oil Kerosene

Total household gross monthly income: Earned \$_____ Unearned \$_____
 Total cash assets, including cash on hand, checking or saving accounts, certificates of Deposit (CDs), and stocks or bonds: _____
 (List income from employment including self-employment for ALL household members)

NOTE: YOU MUST SEND IN COPIES OF CURRENT CHECK STUBS

Source	Amount \$
How Often Received	
Source	Amount \$
How Often Received	

OTHER INCOME RECEIVED: (TANF, SSI, Social Security, Veterans Benefits, Workers Compensation, Unemployment Compensation, Child Support, Etc.) NOTE: You must send in copies of award letters dated _____

Source	Amount \$
How Often Received	
Source	Amount \$
How Often Received	

 I hereby authorize the Kickapoo Tribe of Oklahoma Social Services to make any necessary investigation of my financial situation and other condition relating to my eligibility.
 I understand that I have the right to a fair hearing of any action of the Kickapoo Tribe of Oklahoma which I consider improper, and also any unreasonable delay in decision. (Request for fair hearing may be made in person or in writing to the Business Committee of the Kickapoo Tribe of Oklahoma. P.O. BOX 70, McLoud, OK 74851).
 I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits which he/she is ineligible to receive, may be subjected to prosecution to the fullest extent to the appropriate state of federal statute.

 Signature of Applicant/Guardian Date _____

 Signature of person assisting with application Date _____

 (FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE)
 CERTIFICATION (TO BE COMPLETED BY SOCIAL SERVICES REPRESENTATIVE)
 ACTION TAKE: { } **Approved** { } **Disapproved**
 Date: _____ Review Date: _____ Review Date: _____
 Eligible Amount \$ _____
 Reason for above decision: _____
 Notes: _____

 Caseworker Signature Date _____

 Director Signature Date _____