



# Low Income Home Energy Assistance Program (LIHEAP)

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## PROGRAM OVERVIEW

The Low Income Home Energy Assistance Program (LIHEAP) provides financial assistance to help keep families safe and healthy through initiatives that assist families with energy costs. The Shawnee Tribe must comply with the requirements and guidelines issued by the U.S. Department of Health and Human Services for the LIHEAP program when distributing funds.

LIHEAP assistance may include support with home heating and cooling costs and limited energy-related or weatherization services, depending on funding availability and household need. Assistance provided according to federal LIHEAP guidelines and program policies in effect at the time of application.

Additional information about the LIHEAP program is available through the U.S. Department of Health and Human Services at [acf.hhs.gov/ocs/programs/liheap](https://www.acf.hhs.gov/ocs/programs/liheap).

### Applicant must provide the following documentation to complete the LIHEAP application:

- Proof of residence for applicant & account holder (copy of utility bill, lease agreement, etc.)
- Proof of income for all adult household members (one month of paystubs or previous year's income tax return)
- Proof of disability (if applicable)
- Proof of Shawnee Tribe citizenship (Copy of Tribal ID card) for all citizens
- Copies of State Issued ID Card required for all adult household members
- Copies of Social Security Card required for all household members
- Other documentation as requested

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**Please initial that all documents above are included with the application.**

To qualify for LIHEAP assistance, you must meet the following income guidelines and reside in the state of Oklahoma:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$29,308	\$38,326	\$47,344	\$56,362	\$65,379	\$74,397

If your household size is larger than 6 people, please contact us for assistance.

## CITIZEN APPLICATION INFORMATION & SERVICE NEEDS

**Applicant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Last First M.I.

**Home Address:** \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP

**Shawnee Tribe Enrollment #:** 911U **DOB:** \_\_\_\_\_ **Household Size:** \_\_\_\_\_  
MM/DD/YYYY

**Applicant Email Address:** \_\_\_\_\_

**Housing Status:** Rent Own

**If Renting:** Are heating and cooling costs included in your rent? Yes No

**Heating & Cooling Type:** Propane Natural Gas Electric Other

**If other, please explain:** \_\_\_\_\_

## SERVICE PROVIDER INFORMATION

**Provider Name:** \_\_\_\_\_  
Indicate service type if unclear from provider name.

**Provider Address:** \_\_\_\_\_  
Street Address City State ZIP

**Account Number:** \_\_\_\_\_

**Account Holder:** \_\_\_\_\_

## FAMILY/HOUSEHOLD INFORMATION

Beginning with the applicant, please list the following required information for all persons living in the household on a permanent basis.

**Does the household receive state aid?** Yes No

**Does the household receive TANF?** Yes No

### Race:

Please list all applicable race code(s) for each household member.

- 1 – American Indian/Alaska native
- 2 – Asian
- 3 – Black/African American
- 4 – Native Hawaiian/Pacific Islander
- 5 – White
- 6 – Other

Full Name <small>First MI Last</small>	DOB <small>MM/DD/YYYY</small>	Relationship to Applicant	Race <small>Enter code(s) See legend above</small>	Ethnicity <small>Do you identify as Hispanic, Latino or Spanish Origin?</small>	SSN <small>XX-XXX-XXXX</small>	Disabled or Handicapped?	Enrolled Shawnee?	Sex
				Y N		Y N	Y N	M F
				Y N		Y N	Y N	M F
				Y N		Y N	Y N	M F
				Y N		Y N	Y N	M F
				Y N		Y N	Y N	M F
				Y N		Y N	Y N	M F

## INCOME INFORMATION

Please list monthly gross income for all employed adult members in the household 18 and over.

Full Name <small>First MI Last</small>	Source of Income	Gross Monthly Income

**Total gross monthly income:** \_\_\_\_\_

## NO INCOME STATEMENT

Are there any household members who are 18 years of age or older who **do not** have any income? List their name, have them sign, and date below:

Full Name	Signature	Date

By signing above, I/we certify that I/we do not have an income from any source on the date indicated above. Should income status change during application for Low Income Home Energy Assistance Program, I/we will notify the Shawnee Tribe Social Services department immediately so that proper verification can be obtained.

## APPLICATION ATTESTATION

### Attestation

*As an applicant of the Shawnee Tribe Low Income Home Energy Assistance Program (LIHEAP), I understand that I will receive a notice or award or denial from the Shawnee Tribe once a decision has been made regarding my request for LIHEAP assistance. If the application is approved, the award notice will identify the amount of my awarded benefit and notice as to how the payment will be made. I also understand that my LIHEAP application is confidential.*

*I understand that by applying for LIHEAP assistance through the Shawnee Tribe's program, federal law prohibits any member of my household from receiving LIHEAP payments from the Oklahoma Department of Human Services (DHS) or any other service agency or tribe during the current fiscal year (October 1 to September 30). Further, I understand that I will be subject to prosecution for fraud if any member of my household receives LIHEAP payments from other service agencies during this fiscal year.*

*I understand that the LIHEAP program is federally funded and that the penalty for providing false information shall not be more than a \$10,000 fine and not more than 4 years imprisonment, or both. In the event it is discovered that I provided false information, I agree to pay back all assistance received from LIHEAP funding. I understand that I will not be eligible for any federal funding payments from the Shawnee Tribe for 2 years from the date of discovery. I hereby authorize Shawnee Tribal representatives to make necessary investigations into my financial condition or other information regarding my eligibility.*

*I understand that I have the right to a fair hearing if I am not satisfied with the decision or action or experience an unreasonable delay in the decision on my application. I understand that the process for fair hearing procedures for households whose application is denied or not acted on in a timely manner is as follows: The applicant shall submit a written notice of the appeal and request a review of his/her application within ten (10) days after the Shawnee Tribe has issued its decision. The request for review shall state the reason for the appeal and action or relief sought by the applicant. If the applicant fails to submit such a written notice of appeal and request for review within the ten (10) day period, the applicant has waived his/her right to a review. The decision of the appeal review panel is final.*

*I understand that the options for reporting suspected fraud are as follows: Individuals, whether employed by the Shawnee Tribe or not, may report suspected fraud to the Shawnee Tribe's Director of Social Services, Chief Operations Officer, or the Executive Director of Compliance, or by using [oighhs.gov/fraud/report-fraud](https://oighhs.gov/fraud/report-fraud). Employees of the Shawnee Tribe may also report suspected fraud anonymously at [shawnee-tribe.ethicspoint.com](mailto:shawnee-tribe.ethicspoint.com).*

*By signing below, I declare the information in my application packet is true and correct and that I will cooperate with Tribal and Federal officials should my application become part of a quality control audit or review.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_  
Please print