



KAW NATION SOCIAL SERVICES

P.O. Box 50 Kaw City, OK 74641

Phone: (580) 269-1186 Fax: (580) 269-2116 Cell (580)

304-6144 Email: ameans@kawnation.com

Website: www.kawnation.com

LIHEAP and LIHWAP GUIDELINES AND DOCUMENTS CHECKLIST **Heating and Cooling Assistance/Water Assistance**

LIHEAP is designed to alleviate the immediate threat of utility service disconnection (electricity, gas, propane, or heating oil/wood). LIHWAP is designed to alleviate the immediate threat of water service disconnection and help those approved with arrearages.

IMPORTANT: Any unpaid balances from a previous residence, any re-connect fee or deposits of any kind will not be paid.

Application Requirements:

- Must be a member of a federally recognized tribe
- Must live within the defined service area
- Applications CANNOT be put in a child's name
- Must provide Social Security Numbers for applicant and **ALL** members of the household
- Must provide a copy of Driver's License/Photo ID for **ALL ADULT** members of the household
- Must provide resident verification (if renting, rental agreement from landlord)
- Current utility bill and/or disconnect notice
- Birth certificates and guardianship papers for **ALL** non-tribal children in the household

Income Requirements:

- Income verification from **ALL SOURCES** for all members of the household
- If you are claiming \$0 income, provide statement from DHS, unemployment, etc. stating your household income and number in residence. Must fill out a Zero Income Statement Form and turn it in with application to be processed

Other Qualifications:

- If you have used DHS (LIHEAP) Assistance, you **CANNOT** receive LIHEAP from the tribe. **WE WILL CONTACT DHS AND OTHER TRIBES TO VERIFY.**
- Must meet the LIHEAP income guidelines to qualify



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LIHEAP and LIHWAP APPLICATION (ELECTRIC AND WATER)

APPLICANT INFORMATION

Date: _____

Name: _____ SSN: _____ DOB: _____

Mailing Address: _____
STREET ADDRESS CITY COUNTY STATE ZIP

Phone Number: _____

Email: _____

OTHER HOUSEHOLD MEMBERS

List all household members, including yourself, which live in the home

Name (First and Last)	Date of Birth	Sex	Social Security #	Relationship to Applicant	Ethnicity/Tribe

PUBLIC ASSISTANCE

Are you or anyone in your household currently receiving any public assistance? Yes ____ No ____

TANF ____ SSI ____ Food Stamps ____ Other ____

Have you used LIHEAP from any other state or tribe? Including DHS? Yes ____ No ____

HOUSING INFORMATION

Do you own or rent your home? Own _____ Rent _____

If you rent, are your utilities included? Yes _____ No _____ Which utilities are included? _____
(If utilities are included, a statement from the landlord MUST BE submitted that states utilities are included in rent)

List ALL Household members who are employed

Name	Business	Hours worked per week	Monthly Net Income

List all other sources of income and amounts:

\$ _____	Unemployment	\$ _____	Child Support
\$ _____	Employment	\$ _____	TANF
\$ _____	Social Security	\$ _____	Alimony
\$ _____	Disability	\$ _____	General Assistance
\$ _____	Tribal Per Cap	\$ _____	Pension
\$ _____	Lease from Land/Rentals	\$ _____	Veteran's Benefits
\$ _____	Individual Indian Monies	\$ _____	Other _____

What was your household's total NET income for the last 30 days? _____

FUEL INFORMATION

What is your main fuel type to heat your home? ____ Propane ____ Gas ____ Wood ____ Electric
What is your primary cooling source? ____ Electricity ____ Other _____

Company Name: _____

Account Number: _____ Name on Account: _____

If account is NOT in your name, please explain why: _____

Applicants Rights and Responsibilities Agreement

I hereby authorize the Kaw Nation Social Services Department to make any necessary investigation of my household's financial situation and other conditions relating to eligibility, including, but not limited to, examination of my account with any public utility provider.

I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits which he or she is ineligible to receive may be subject to the fullest extent of the appropriate State or Federal statute.

Fair Hearings Statement

If you wish to appeal any decisions regarding your application:

- If you feel the decision of the social services department is in error, you may file a written appeal within ten (10) days after receiving a letter of denial to the Social Services Director
- If you desire a hearing, you may submit a request in writing to the following:

Please send to: Kaw Nation Social Services Department
 PO Box 50
 Kaw City, OK 74641

Please **initial** each line below:

_____ I declare the information on this application is true and correct to the best of my knowledge
_____ I am a member of a Federally Recognized tribe and have provided proof of enrollment
_____ I understand that my household must meet income guidelines to qualify for assistance.
_____ I understand it is my responsibility to check with utility company regarding LIHEAP payments received (if approved) and any balances that I may owe.
_____ I understand that it takes a minimum of two (2) weeks for a check to be processed and sent to the energy provider that I listed in the application.
_____ I have read and understand the Fair Hearings statement above.
_____ I understand that falsifying information on this application can result in denial.
_____ I am submitting my verification of sources of all income and authorize Kaw Nation Social Services staff to obtain necessary verification of information provided in this application.

Applicant's Signature

Date

(FOR OFFICE USE ONLY)	
Income verification reviewed: _____ Yes _____ No	
Total Monthly Income: _____	Approved: _____ Yes _____ No
Reason for above decision: _____	
Social Services Director _____	Date: _____



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DECLARATION OF INCOME FORM

I, _____, do hereby declare that my total household income is \$_____, and the size of my household is _____ people. I further certify that I meet the income guidelines for the LIHEAP/LIHWAP assistance program for which I am applying.

I certify that the information contained in this Declaration of Income Form is complete and accurate to the best of my knowledge. I understand that providing false information to obtain benefits for which I am not eligible to receive, may result in prosecution to the fullest extent of Tribal, State, or Federal statute.

Applicant Signature

Date

Household Size	Annual Income
1	\$24,344
2	\$31,834
3	\$39,325
4	\$46,816
5	\$54,306
6	\$61,797



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RELEASE OF INFORMATION

I, _____, grant and authorize the exchange of information between the Kaw Nation Social Services Department and the following agencies/programs:

Tribal/State Employment Office
Tribal State Social Service Programs
Social Security Administration
Tribal/State Education Programs
Tribal/State/Federal Courts
Tribal/State Medical Services
Tribal Enterprises
Alaska Native Corporations
State/County Fiduciary Trust Offices

Tribal/State Drug and Alcohol Programs
Tribal/State Housing Programs
Veteran's Administration
Tribal/State Federal Probation Programs
Tribal/State Child Protection Services
Tribal/State Mental Health Services
Tribal/State Voc-Rehab Programs
Indian Health Services

Other: _____

Any information exchanged will pertain to my eligibility to receive benefits or referrals to other Human Services/Social Services/Financial Services programs that would benefit me. By signing this release of information form, I agree and understand any information obtained will be kept confidential and will be used only for the purposes directly connected with providing benefits or services on my behalf. I further agree and understand that any information obtained may be released to proper governmental agency, court, or law enforcement agencies for purposes of legal and investigative action concerning fraud.

This Release of Information will remain in effect for one (1) year from date of signature or until I request in writing to rescind said authorization.

Signature of Applicant

Date