

L.I.H.E.A.P. Application  
 (Low-Income Home Energy Assistance Program)  
 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 verification (recent/current check stub, TANF/Food Stamp, SSI, Disability, Unemployment Benefits, Workman's Comp, etc.** (or award letters)
5. All utility bills must be in the head of household's name.

**Client is responsible for submitting all proper documentation or the application will be considered incomplete.**

If you are not a member of the Kickapoo Tribe of Oklahoma but reside within the Kickapoo Tribe of Oklahoma jurisdiction and are an enrolled member of a federal recognized tribe, you may apply.

If you are a Kickapoo Tribe of Oklahoma tribal member, who resides in the Kickapoo Tribe of Oklahoma's jurisdiction or the area west of the Indian Meridian between the Oklahoma river and the Deep Fork river, that does not fall within the jurisdiction of any other tribes, you may apply.

**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**

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

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(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