



Miami Tribe of Oklahoma Social Services & Housing Department

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP APPLICATION

The Low-Income Home Energy Assistance Program (LIHEAP) provides services to Indian families for the assistance with heating and cooling costs. The maximum amount of assistance for this program is \$400.00.

Applicants must be Native American, meet income guidelines, live within the 50 mile service area and have not received LIHEAP assistance within one year or from any state and/or other tribal LIHEAP program.

Applications must be completed in its entirety before it will be considered for approval. Failure to provide the required information may result in a delay or denial of assistance. Due to the limited funding of this program, assistance is not guaranteed. Miami Tribal members receive preference.

This application can and may take up to 30 days for processing. At the end of the processing period, you will be notified by phone or written correspondence of the decision made on this application.

**Please note that any incomplete applications will be returned.
In order to receive services, you must qualify by meeting all eligibility
requirements and program funding must be available.
Complete in blue or black ink only.**

The following information is required for **ALL** household members in order to determine eligibility for the assistance:

- Tribal Enrollment Card(s)
- Social Security Card(s)
 - Birth Certificate(s)
- Drivers License(s)
- Income Verification
 - Pay Stub from Employer along with Verification of Income Form
 - Letter from State Employment Office, if unemployed, **or**
 - Letter from Department of Human Resources, **or**
 - Letter from Social Security, VA, SSI, **or**
 - Letter from Child Support Agency, **or**
 - Copy of last year's Income Tax Statement, **or**
 - Zero Income Declaration Form
- Current utility bill(s) that you would like assistance with
- If not a Miami Tribal Member, a letter of denial from your tribe
- Completed Application
- W-9, if needed



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LOW- INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP APPLICATION

Miami Tribe use only:

Date Rec'd: _____ Time Rec'd: _____ By: _____

Name of Head of Household: _____

Name of Adult Co-Head of Household: _____

Current Address: _____

Current City: _____ Current State: _____ Current Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Family Information

Beginning with yourself, **list ALL persons who live in your household**. Each box must be completed for each family member.

Name: First, Last	SS#	Date of Birth	Sex	Relation To Head SELF	Disabled Y/N	Tribal Y/N	Child Y/N	Student Y/N

Tribal Affiliation

* Head of Household: _____ Miami Other: _____

* Co-Head of Household: _____ Miami Other: _____

* Dependents: _____ Miami Other: _____



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Family Income Information

Is any adult family member employed? Yes No If yes, please fill out the following information:

Name of family member	Employer, address and phone #

Has any adult family member recently been laid off, terminated or released from employment? Yes No

If yes, please provide employer name, address and phone # _____

Is any adult family member enrolled in a job training program, including one required under a State or Tribal program? Yes No If yes, who can verify this? Please give name, address and phone # _____

Is any adult family member enrolled in an education program full-time? Yes No If yes, who can verify this? Please give name, address and phone # _____

Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.?

Yes No If yes, please describe the type of asset(s) _____

What is the market value of all assets? _____

Do you own any real estate? Yes No If yes, what is the address? _____

Have you sold any real estate or asset in the past two years? Yes No If yes, what was the address or asset sold? _____



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Household Income

For ALL household members

Income Guide Line

Family of	1	2	3	4	5	6
	\$22,926	\$29,980	\$37,034	\$44,088	\$51,142	\$72,231

Examples of Income are as follows:

- | | | |
|---|---|--|
| Wages/Salaries
Commissions
Employment Bonuses
Sick Leave Pay
Disability Pay
Tips | Workman's Comp
Self-Employment
Unemployment
SSI
TANF
Child Support | Alimony
Retirement
Pension
Lease/Rental Income
Inheritance
Interest/Dividends |
|---|---|--|

Please list the source and amount of ALL income received for each household member, including yourself:

Family Member Name	Income Source	Amount \$	Frequency - Per
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other

Miami Tribe Use Only:

Total Household Monthly Net Income: \$ _____ Total Annual Income: \$ _____



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Rental Information

Rent? Or Own?

If you own your home, then skip to next section.

Please give landlord information for the current and previous 10 years.

	Name	Mailing Address	Phone Number	How Long
Current				
Previous				
Previous				
Previous				

The Miami Tribe Social Services & Housing will be contacting your current landlord for a rental history.

Miscellaneous Information

Have you, or any member of the household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the nature of the charges or convictions: _____

Are you, or any member of the household currently on probation or parole? Yes No If yes, please explain: _____

Home Energy Needs

Identify Heating/Cooling Source: ___ Wood ___ Electric ___ Natural Gas ___ Propane Other: _____

What is the size of your home? _____ Sq. ft. OR _____ bedrooms Do you own or rent? ___ Own ___ Rent

Are heating/cooling expenses included in your rent? Yes No



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Electric Company Information

Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Name utilities are currently listed: _____
Account #: _____ Amount Due: _____

Natural Gas Company Information

Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Name utilities are currently listed: _____
Account #: _____ Amount Due: _____

Propane Company Information

Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Name utilities are currently listed: _____
Account #: _____ Amount Due: _____

Have you received assistance in the last year? Yes No If yes, what services did you receive? _____

From whom did you receive services? _____

Are you receiving? _____SSI _____TANF _____Food Stamps _____Commodities _____Veteran's Benefits
If so, please report on the Household Income section of this application.

Do you presently stay in a shelter, halfway house or temporarily in another person's home? Yes No

Are you a seasonal or migrant farm worker? Yes No

Reason/Cause for needing assistance? _____



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I declare the information above is true and correct and that I will cooperate with Tribal and Federal officials should my application become part of a quality control audit review. I understand the LIHEAP is federally funded and the penalty for providing false information shall not be more than \$10,000.00 in fines or not more than 4 years imprisonment or both. I hereby authorize Tribal representatives to make any necessary investigation of my financial condition or other information regarding my eligibility. I understand I have the right to a fair hearing if I am not satisfied with the decision, action or any unreasonable delay in a decision on my application. A request for a hearing must be submitted in writing to the Miami Tribal office within 10 days of the decision notification.

I declare under penalty of perjury the foregoing information is true and correct (28 U.S.C. 1746)

Signature of Applicant Date

Signature of Spouse/Significant Other Date

Housing Department Representative Date

Housing Department Manager Date

Miami Tribe Use Only:

Crisis Heating Cooling Weatherization

Approved Denied

Reason: _____

Signature of Director

Date



Miami Tribe of Oklahoma Social Services & Housing Department

VERIFICATION OF INCOME FROM EMPLOYMENT

Employer: _____

Employer Address: _____

Employer City, State and Zip Code: _____

Re: _____ Social Security # _____

Applicant

The individual named above has obtained or is attempting to obtain housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be or remain eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response. If you have any questions please feel free to contact our office at 918-541-1300 Ext 1389.

I, _____, hereby authorize _____ (employer) to release the information requested below regarding my employment and compensation.

Signature of Applicant

Date

TO BE COMPLETED BY EMPLOYER:

Date Employment Began: _____ Job Title: _____

Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ _____ per month

Average hours worked at Base Pay Rate: _____ hrs./week, or _____ hrs./month in year.

Is this person likely to receive Overtime? Yes _____ No _____ If yes, Overtime Pay Rate: \$ _____ /hr.

Average number of Overtime hours expected during the next 12 months: _____ Hrs./Month

Any other compensation not listed above? Please specify for commission, bonuses, tips, etc.?

For _____ \$ _____ per _____

Total Base Pay Earnings for the last 12 months: \$ _____

Total Overtime Earnings for the last 12 months: \$ _____

Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____



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VERIFICATION OF INCOME FROM EMPLOYMENT

Employer: _____

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Employer City, State and Zip Code: _____

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For _____ \$ _____ per _____

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Total Overtime Earnings for the last 12 months: \$ _____

Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____



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ZERO INCOME SELF DECLARATION

*Please complete and sign this form if you have claimed zero or no income on the attached application. **Failure to complete this form will delay the processing of your application.** Blank or writing N/A or dashes (----) is not acceptable. If more than one adult household member claims zero or no income, you will need to provide copies of this form for all qualifying household members.*

Full Name _____

Address _____

City _____

State _____

Zip _____

Date of Birth: _____

Social Security #: _____

Phone number: _____

Please explain reasoning for lack of employment and include how you have paid your monthly bills for at least the past 90 days:

Office Use Only

Client Notes:



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Miami Tribe of Oklahoma Social Services & Housing Department

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Miami Tribe of Oklahoma Social Services & Housing Department to release and receive information to and from the following persons and organizations. I have been informed of the type of information to be released and requested.

- _____ Department of Human Services
- _____ Court/Criminal/Civil
- _____ Lawyers
- _____ Referral Source
- _____ Medical
- _____ Housing
- _____ Employer
- _____ Other

_____ I hereby release the Miami Tribe of Oklahoma and its agents and employees from any and all liabilities, responsibilities, damages and claims which might result from the release of information authorized above.

_____ I hereby waive any therapist-patient privilege with respect to records released to the above named individual or organization.

_____ I hereby waive any physician-patient privilege with respect to records released to the above named individual or organization.

_____ I understand that the above named consents are subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

Signature of Person Authorizing Release

Date

Signature of MTO Representative

Date



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Date

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Date



Miami Tribe of Oklahoma Social Services & Housing Department

CONFLICT OF INTEREST DISCLOSURE

The Miami Tribe of Oklahoma Adult Services Program takes seriously any actual or potential conflicts of interest. As we wish to avoid even the applicants to disclose any immediate family members, or significant persons, which could potentially cause a conflict of interest. For this purpose, immediate family members include, but is not limited to, spouse, children, parents and siblings.

Please list any relationships here (please print):

Attestation: The undersigned individual (s) hereby attest he/she is a participant in the Miami Tribe of Oklahoma Adult Services Program and that he/she is independent of and has no conflict of interest with any persons listed above.

Signature of Applicant

Date



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