

### Miami Tribe of Oklahoma LIHWAP

PO Box 1326/3410 P Street NW Miami, OK 74355 Phone Number: (918)541-1389 FAX: (918)513-5147

Email: swilliams@miamination.com

### Documentation required for completing the LIHWAP application:

- 1. Copies of Tribal Membership card and Driver's license for all applicable.
- 2. Copy of social security card for <u>each person</u> in the household.
- 3. Proof of income for each person in the household:

  ONLY USE EXAMPLE THAT PERTAINS TO YOUR
  SITUATION:
  - a. <u>Employed:</u> provide copy of check stub or LIHWAP income verification form (must have gross income).
  - b. <u>Unemployed:</u> must register at the employment office with the form provided from LIHWAP office (*job search*); if individual is currently a student, please provide a copy of current school schedule.
  - c. <u>Unemployed due to disability:</u> must provide proof of disability (i.e.-social security/SSI Award letter, current bank statement, public assistance letter or doctor's statement).
- 4. Copy of the water bill you are needing assistance with (must have name, physical address, and account number on the bill).

ALL DOCUMENTS MUST BE DATED NOVEMBER 1, 2021, OR LATER.

IMPORTANT: If all documentation is not provided, application is incomplete and cannot be processed.



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X	1					<u> </u>		
Name:				Social Se	Social Security Number: Tribal Enrollment #:			
Physical address with City, State & Zip code:			Mailing	Mailing address:				
County:				Tribe:	Tribe:			
Number of individu	ıals livir	ng in household	:	Phone:				
Name: LIST ALL IN HOUSEHOLD	Sex:	Date of Birth	Social Security Number:	Relationship	Source of Income	Income amount: (Weekly, bi- weekly, monthly)	Disabled? Yes or No	
				SELF		weekly, monethy,		
<u>IF D</u>	<u>EPARTI</u>		AN SERVICES HA IBE OF OKLAHOI			<u>MBER 1, 2021,</u>		
Have you a	pplied f					e November 1, 20	21?	
	ES		•		_			
		PLEASE I	PROVIDE WATER	COMPANY IN	FORMATION			
Name of Water Company:								
Account Number:								

### Applicant's Statement of Agreement and Understanding

I fully understand this application and I certify that all the information contained here is true and correct. I hereby authorize the Miami Tribe to make any necessary investigation of my financial situation and other conditions relating to my eligibility. I understand that I have a right to a fair hearing because of any action taken by the Tribe which I consider improper and because of any unreasonable delay in a decision on this application.

APPLICANT'S SIGNATURE	DATE:
AFFLICANT 3 SIGNATURE	DATE



Printed Name of School Official

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#### ONLY USE EXAMPLE THAT PERTAINS TO YOUR SITUATION

SECTION 1: Income Verification  I authorize the release of information from, to the Miami Tribe of Oklahoma Low Income Home Water Assistance Program (LIHWAP) regarding my employment; therefore, releasing my employer from liability regarding this information.						
Name	Employer	Type of Income		Gross Amount	Frequency Paid or Date Paid	
Printed Name of Verifier and Date Title (Employer)			mployer)	Signature		
SECTION 2: Child Support Income						
Children Receiving Child Support:			_ Child Support Paid to:			
Person Paying Child Support:			Amount Paid: \$			
Frequency Paid:	Monthly	Weekly	Bi-Weekly	Other		
Signature of person paying child support			Phone Number	Date		
Signature of person receiving child support Pho			Phone Number	С	Date	
Dated this d	lay of		20	_		
Signature of Notary:				Seal:		
My Commission expires:						
		SECTION 3	3: School Verifica	<mark>ation</mark>		
Name of Student:			DOB:_			
High School/College Name:				_City:	Phone:	

Title

Signature

Date



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#### **SECTION 4: Job Search Verification**

Name:		SSN:		
Address:				
YOU HAVE REQUESTED DOCUMENTATION OF THE PROPERTY OF THE PROPER	CANNOT PROVIDE PROO	F THAT A PERSON IS	CURRENTLY UNEM	PLOYED. A PERSON
THE FOLLOWING INFORMATION IS PRO Our records indicate that you Our records indicate that are on	are not registered for Job			t record of service was
Our records indicate that you	are receiving unemployn	nent benefits in the a	imount of \$	per
Printed Name (OESC Official)	Title	Signature (OESC	Official)	Date
	SECTION 5: Doo	tor Statement		
This is to verify that		is unde	r a doctor's care	e and is:
Able to work and/or has mo	obility	Unable to work a	and/or lacks eas	e of mobility
If unable to work, expected leng	th of time of inability	to work and/or	lack of mobility:	
Physician's Printed Name/Home Health Office	ial	Signature		Date
Facility Address	State/Zip Code		Phone Number	
	SECTION 6: 60 or	Over-No Income		
All adults 60 or over applying for their income verified. If the app past 30 days, they may fill out th date the following:	licant or a household	l member has ha	d zero income o	r benefits for the
I,30 days.	, verify that I	have received zo	ero income or b	enefits for the last
Printed Name	Signa	iture		



Name:

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## Authorization for Release of Information

Address:Phone:	<del></del>
To Whom it May Concern:	
I authorize the Miami Tribe of Oklahoma Adult S contact the sources checked below for additiona	_
I hereby authorize the sources checked below to concerning me to the Miami Tribe of Oklahoma Programs.	-
I understand that any information released will Miami Tribe of Oklahoma Adult Services and LIH Information will be given to other persons or agnecessary to consider my eligibility for services a is valid for one year from the date of execution. my authorization at any time.	IWAP Programs. The Release of encies only to the extent and/or assistance. This document
Miami Tribe of OK Tribal Programs	Department of Human Services
Other name:	Contact #:
X	
Signature	Date