



## *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](mailto: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 *each person* in the household.
3. Proof of **income for each person in the household:**  
***ONLY USE EXAMPLE THAT PERTAINS TO YOUR SITUATION:***
  - a. **Employed:** provide copy of check stub or LIHWAP income verification form (must have gross income).
  - b. **Unemployed:** 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. **Unemployed due to disability:** 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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Name:	Social Security Number:	Tribal Enrollment #:
Physical address with City, State & Zip code:	Mailing address:	
County:	Tribe:	
Number of individuals living in household:	Phone:	

Name: <i>LIST ALL IN HOUSEHOLD</i>	Sex:	Date of Birth	Social Security Number:	Relationship	Source of Income	Income amount: (Weekly, bi-weekly, monthly)	Disabled? Yes or No
				SELF			

**IF DEPARTMENT OF HUMAN SERVICES HAS ASSISTED YOU AFTER NOVEMBER 1, 2021,**

**MIAMI TRIBE OF OKLAHOMA LIHWAP CANNOT ASSIST**

Have you applied for assistance with your water bill at **DHS or another Tribe** since **November 1, 2021**?



YES

or



NO

***PLEASE PROVIDE WATER COMPANY INFORMATION***

**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: \_\_\_\_\_





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**SECTION 4: Job Search Verification**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

YOU HAVE REQUESTED DOCUMENTATION THAT CERTIFIES THAT YOU ARE CURRENTLY UNEMPLOYED. THE OKLAHOMA EMPLOYMENT SECURITY COMMISSION CANNOT PROVIDE PROOF THAT A PERSON IS CURRENTLY UNEMPLOYED. A PERSON MAY BE REGISTERED FROM JOB SEARCH ASSISTANCE THROUGH THIS AGENCY DOES NOT IN ITSELF PROVE THAT A PERSON IS UNEMPLOYED.

THE FOLLOWING INFORMATION IS PROVIDED:

- Our records indicate that you are not registered for Job Search Assistance through our agency.
- Our records indicate that are registered for Job Search Assistance through this agency. Your last record of service was on \_\_\_\_\_.
- Our records indicate that you are receiving unemployment benefits in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_  
 Printed Name (OESC Official) Title Signature (OESC Official) Date

**SECTION 5: Doctor Statement**

This is to verify that \_\_\_\_\_ is under a doctor's care and is:  
 **Able to work and/or has mobility**       **Unable to work and/or lacks ease of mobility**

If unable to work, expected length of time of inability to work and/or lack of mobility: \_\_\_\_\_

\_\_\_\_\_  
 Physician's Printed Name/Home Health Official Signature Date

\_\_\_\_\_  
 Facility Address State/Zip Code Phone Number

**SECTION 6: 60 or Over-No Income**

All adults **60 or over** applying for the Low Income Home Energy Assistance Program (LIHWAP) must have their income verified. If the applicant or a household member has had zero income or benefits for the past 30 days, they may fill out this form as verification. If this describes your situation, please sign and date the following:

I, \_\_\_\_\_, **verify that I have received zero income or benefits for the last 30 days.**

\_\_\_\_\_  
 Printed Name Signature

