Low Income Home Energy Assistance Program
2021 FY

Utility Assistance/Weatherization Disbursement

If your household is directly responsible for heating or cooling costs, you may apply for the LIHEAP Utility Assistance, Air-Conditioner/Heater, Fan/Blanket & Energy Kit Program. A surplus of funds from the cooling and heating season was used to buy individual AC window units and portable heater units. These AC window and portable heater units are being disbursed to several communities across the Cheyenne & Arapaho Tribes’ Service Area. This is a one-time disbursement, and future disbursements are not guaranteed.

In order to qualify for the LIHEAP program, **at least one (1) household member must be a member of a federally recognized American Indian or Alaska Native tribe.** Also, households must show a financial need based on federal income guidelines. Additionally, all households must provide complete financial information so that the LIHEAP caseworker may determine the applicant’s eligibility. If this information is not provided, the LIHEAP caseworker will not process the application, and the applicant will not receive any assistance.

Below is a checklist of the required documents that are needed to process an application. **It is the applicant’s responsibility to provide all necessary documents.** In order to expedite your application process, please provide all necessary documents when turning in an application. **The LIHEAP Caseworker CANNOT process an application without all required documents.**

**REQUIRED DOCUMENTS:**
- _____ CDIB for at least one (1) member of the household
- _____ Current, Original Utility Bill (Electric, Propane, or Gas)
- _____ Proof of Income for all Household Members over Eighteen (18) Years of Age*

*Applicants Name must match the name on the utility bill
*Check stubs, SSI/SSA/VA award letters, TANF award letters, unemployment benefit statements, child support award letters, & an annual IIM account summary must be included in the proof of income. **All no-income statements must be signed in front of notary.**

**PLEASE SELECT**
- Applicant is applying for:
  - **UTILITY ASSISTANCE:**
  - HEATER/WEATHERIZATION PROGRAM:
  - Have you received Utility Assistance or Electric Assistance?
    - Yes: _____ No: _____
    - If YES, When? ________
  - Do you reside within the 11 county service areas? Yes: _____ No: _____

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LIHEAP

Initial: ____________
Please Read Carefully:
The amount of assistance that you receive is determined based on the information that you provide below. Please make sure that all information is accurate and up-to-date. The application must be fully completed, signed, and turned in with all necessary documents to the Cheyenne & Arapaho Tribes Social Services office. Processing will be done in a timely manner and all applicants will receive notice of approval or denial. Please contact the LIHEAP Caseworker if you need assistance filling out an application or if you have any questions.

*Applicant Must Be Head of Household*

Date:___________ Full Name:__________________________________________

Date of Birth:___________ Age:_____ Social Security #:________________

Home/Service address:_________________________________________________________________________

Mailing Address:_________________________________________City______________Zip________

Phone:________________________________________

List All Household Members:

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Age:</th>
<th>Social Security #:</th>
<th>Relation:</th>
<th>Elderly, Handicapped, Or Disabled?</th>
<th>Employed?</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>E H D Yes No</td>
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<td>E H D Yes No</td>
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<td></td>
<td>E H D Yes No</td>
<td></td>
</tr>
</tbody>
</table>

Household Income:

Please provide a complete, accurate list of income for all members of your household. All household members over eighteen (18) years of age must provide proof of income.

List amount of income earned each month:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Hourly Wage:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment Schedule:</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Monthly</th>
<th>Other:</th>
</tr>
</thead>
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</tr>
</thead>
</table>

- Please list any additional income on an additional page and attach any check stubs.
- Other assistance (SSI, Disability, etc.) can be accounted for on page 5.
If household members over eighteen (18) years of age are not receiving income, please fill out a “No Income Statement” on the next page.

- **No Income Statement:**
  Please explain why you do not currently have an income, and also explain how your needs are currently being met.
  I, ____________________, currently do not receive any monetary income because:
  
  ___________________________________________________________________
  ___________________________________________________________________

  Client Signature:____________________________           Date:________________

- **No Income Statement:**
  Please explain why you do not currently have an income, and also explain how your needs are currently being met.
  I, ____________________, currently do not receive any monetary income because:
  
  ___________________________________________________________________
  ___________________________________________________________________

  Client Signature:____________________________           Date:________________

**PLEASE NOTARIZE BELOW:**

**SEAL**

State of Oklahoma
County of _____________

Signed and/or attested before me on this __ day of ______, 20__

______________________________
Notary Public

Commission#________________
My Commission Expires:__________

**Other Assistance:**
Please list any other assistance that you receive.

<table>
<thead>
<tr>
<th>Source of Assistance</th>
<th>Award Amount</th>
<th>Payment Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>W B M A Other:</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>W B M A Other:</td>
</tr>
</tbody>
</table>

*Please attach award letters for benefits received to your completed application.*
PLEASE READ CAREFULLY:
By signing below, I agree to the following terms:

Initial: _____ I certify that the information on this application is true and correct to the best of my knowledge. If I provide fraudulent information, my eligibility for future LIHEAP services could be suspended.

Initial: _____ I understand that my application will not be processed until all required documentation is submitted.

Initial: _____ I understand that my application will take up to 3 work days to process or up to two (2) weeks for vendor checks to be processed by A.P. department.

Initial: _____ I authorize the Cheyenne & Arapaho Tribes’ Department of Social Services to acquire any information that is necessary to complete my application.

Initial: _____ I understand the Cheyenne & Arapaho Tribes’ Social Service Program is not responsible for damage or repair to heater/ac units and/or fans.

If you have read, understand, and agree to the terms above, please sign below:

Client Signature: ________________________________ Date: ______________

REQUIRED DOCUMENTS:

CDIB for at least one (1) member of the household

Current, Original Utility Bill* (Electric, Propane, or Gas)

Proof of Income for all Household Members over Eighteen (18) Years of Age**

*Applicants Name must match the name on the utility bill
**Check stubs, SSI/SSA/VA award letters, TANF award letters, unemployment benefit statements, child support award letters, & an annual IIM account summary must be included in the proof of income.

All no-income statements must be signed in front of notary.

In order to expedite your application process, please provide all necessary documents.
Social Service LIHEAP program Closed to the public in an effort to reduce COVID19 transmission.

Please Submit or Request Applications and Documents to:
https://cheyenneandarapaho-nsn.gov/

Cheyenne and Arapaho Tribes Social Services Program
P.O. Box 38
Concho, OK 73022
405-422-7476

Email - Swasha@Cheyenneandarapaho-nsn.gov

Fax – 405-422-8218 attn: LIHEAP

It is the applicant’s responsibility to provide all necessary documents

CDIB for at least one (1) member of the household from any federally recognized tribe
Applicants Name must match the name on the utility bill
Check stubs, SSI/SSA/VA award letters, TANF award letters, unemployment benefit statements, child support award letters, & an annual IIM account summary must be included in the proof of income.
Have you used LIHEAP in the past?
   a. Yes
   b. No

Would you or your family be interested in attending events focused on DIY weatherizing of your home?
   a. Yes
   b. No

Would you like to see more educational information on reducing energy costs?
   a. Yes
   b. No

Would you be interested in attending budgeting classes?
   a. Yes
   b. No

In which age category do you belong?
   A. 18-29
   B. 30-49
   C. 50-59
   D. 60 years or older

How many are in your household size?
   A. 1-3
   B. 2-5
   C. 5 or more

What are some ideas you would like to see with the LIHEAP program?
________________________________________________________________________
________________________________________________________________________

Other Comments/Ideas:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________