



**Sac and Fox Nation**  
**Human Services Department**

920963 S. Highway 99, Stroud, OK 74079  
Phone: (918) 968-3526, Ext. 2010/2011 • Fax: (918) 968-0142

**LIHEAP GUIDELINES AND DOCUMENTS CHECKLIST**  
**Heating and Cooling Assistance**

LIHEAP is designed to alleviate the immediate threat of utility service disconnection (i.e. electricity, gas, propane or heating oil/wood). The program runs from May 1<sup>st</sup> to September 30<sup>th</sup> for **Cooling Assistance** and October 1<sup>st</sup> to April 30<sup>th</sup> for **Heating Assistance**.

**IMPORTANT:** Services cannot be duplicated. The applicant cannot receive LIHEAP assistance from Sac and Fox Nation, if LIHEAP assistance has been received from another agency and vice versa. Households are restricted to receiving assistance once per heating season and once per cooling season.

Applicant's household must reside within the Sac and Fox Nation jurisdictional boundaries.

Applicant must be enrolled in a federally recognized tribe.

Applicant must be 18 years of age or older.

Applicant's combined household income for the 30 days prior to application is at or below Federal Poverty Guidelines

**Documents Needed**

- \_\_\_\_\_ Completed LIHEAP Application
- \_\_\_\_\_ CDIB/Tribal Enrollment Card(s) for applicant and **all** members of household (**copy of birth certificate for all non-enrolled children**)
- \_\_\_\_\_ Social Security Card(s) for applicant and **all** members of household
- \_\_\_\_\_ Driver's License/Photo ID for applicant and **all** members of household 18 years or older
- \_\_\_\_\_ Current utility bill and/or disconnect notice
- \_\_\_\_\_ Income verification (check stub, social security letter, unemployment, Food Stamps/Food Commodities, retirement/pension, royalties, etc.)
- \_\_\_\_\_ Applicant Resident verification (Property deed, a piece of mail with name, address, and current date postmark. If renting, rental agreement from landlord)
- \_\_\_\_\_ Declaration of Income & Release of Information form for **all members of household over the age of 18**



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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM APPLICATION (LIHEAP)**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Phone Number (with area code): \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS**

List all household members including yourself living in your home.

Name (First and Last)	Date of Birth	Sex	Social Security No.	Relationship to applicant	Tribe
				SELF	

If additional space is needed, attach a separate sheet.

**PUBLIC ASSISTANCE**

Are you or anyone in your household currently receiving public assistance?  Yes  No

SSI/SSA  Veterans  Food Stamps  Food Commodities  Other: \_\_\_\_\_

**HOUSING INFORMATION**

Do you  Own  Rent your home? If you rent, are your utilities included?  Yes  No If yes, which type? \_\_\_\_\_

(If utilities are included, a statement from the landlord **MUST BE** submitted that states utilities are included in rent.)

**FUEL INFORMATION**

What is your primary (main) fuel type to heat your home?  Propane  Gas  Wood  Electricity

What is your primary (main) cooling source?  Electricity  Other \_\_\_\_\_

Company Name \_\_\_\_\_

Account Number \_\_\_\_\_ Name on Account \_\_\_\_\_

If account IS NOT in your name, please explain why: \_\_\_\_\_

Please verify if you would like LIHEAP funding assistance for fuel or electricity.  Fuel  Electricity

**Household Income**

Name (First and Last)	Employer	How Often Paid	Gross Monthly Income

All other household members 18 years of age or older without income will need to sign a release form of zero income.

What was your household’s total gross income for the last 30 days? \_\_\_\_\_

*(Be sure to include proof of ALL INCOME for the past 30 days with your application, this can include paystubs, SS letter, per capita check stub, etc. – Failure to provide may result in delay of processing and/or denial of application)*

Total cash assets, including cash on hand, checking or saving accounts: \_\_\_\_\_

**Applicant’s Rights and Responsibilities Agreement**

I hereby authorize the Sac and Fox Nation Human Services Department to make any necessary investigation of my household’s financial situation and other conditions relating to eligibility, including, but not limited to, examination of my account with any public utility provider.

I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits which he or she is ineligible to receive may be subject to the fullest extent of the appropriate State or Federal statute.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Additional Information**

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**LIHEAP Eligibility**

Eligibility for the Low Income Home Energy Assistance Program is based on average **GROSS** monthly income from the previous month. The following chart will help you determine if you should apply.

Household Size	Monthly Gross Income
1	\$1,911
2	\$2,498
3	\$3,086
4	\$3,674
5	\$4,262
6	\$4,850
7	\$4,960
8	\$5,070
9	\$5,180
10	\$5,291

**Important Rights Notice**

Any person whose application is denied or not acted upon within reasonable promptness, or whose benefits are reduced or terminated has a right to a hearing.

If you desire a hearing, you may submit a request in writing to the following:

Business Committee  
Sac and Fox Nation  
920883 S Hwy 99, Bldg. A  
Stroud, OK 74079

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(FOR OFFICE USE ONLY)

Income verification reviewed:  Yes  No If yes, what type: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_ Decision:  Approved  Denied

Reason for above decision: \_\_\_\_\_

Human Services Representative: \_\_\_\_\_ Date: \_\_\_\_\_



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### RELEASE OF INFORMATION

I, \_\_\_\_\_, grant and authorize the exchange of information between Sac and Fox Nation's Human Services Program and the following agencies/programs:

Tribal/State Employment Office	Tribal/State Alcohol & Drug Programs
Tribal/State Social Services Programs	Tribal/State Housing Programs
Social Security Administration	Veteran's Administration
Tribal/State Education Programs	Tribal/State/Federal Probation Programs
Tribal/State/Federal Courts	Tribal/State Child Protection Services
Tribal/State Medical Services	Tribal/State Mental Health Services
Tribal Enterprises	Tribal/State Voc-Rehab Programs
Alaska Native Corporations	Indian Health Services
State/County Fiduciary Trust Offices	
Other (specify): _____	Other (specify): _____

Any information exchanged will pertain to my eligibility to receive benefits or referrals to other Human Services/Social Services/Financial Services programs that would benefit me. By signing this release of information form I agree and understand any information obtained will be kept confidential and will be used only for the purposes directly connected with providing benefits or services on my behalf. I further agree and understand that any information obtained may be released to proper governmental agency, court, or law enforcement agencies for purposes of legal and investigative action concerning fraud.

This Release of Information will remain in effect for one (1) year from date of signature or until I request in writing to rescind said authorization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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### DECLARATION OF INCOME FORM

I, \_\_\_\_\_, do hereby declare that my total household income is \$\_\_\_\_\_, and the size of my household is \_\_\_\_\_. I further certify that I meet the income guidelines for the \_\_\_\_\_ assistance program for which I am applying for.

I certify that the information contained in this Declaration of Income Form is complete and accurate to the best of my knowledge. I understand that the penalty for providing false information for the purpose of obtaining benefits for which I am not eligible to receive may be subject to prosecution to the fullest extent of Tribal, State, or Federal statute.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

HOUSEHOLD SIZE	ANNUAL INCOME
1	\$22,932
2	\$29,976
3	\$37,032
4	\$44,088
5	\$51,144
6	\$58,200
7	\$59,520
8	\$60,840
9	\$62,160
10	\$63,492