



Comanche Nation of Oklahoma Low Income Home Energy Assistance Program (LIHEAP) Application

LIHEAP Checklist

The following documents are needed to complete your LIHEAP Application.

- _____ Certificate Degree of Indian Blood (CDIB)
**Must be enrolled with the Comanche nation and must be Head Of Household.
- _____ Social Security Number(s) for all household members.
- _____ Verification of ALL household members income:
Employment income for the past 30 days – SSI, TANF, Social Security, Workman
Compensation, Unemployment Compensation, Veteran Benefits, etc.
- _____ Signed Unemployment Affidavit for ALL persons 18 years and older in household.
- _____ Notarized Self-Employment Affidavit – MUST BE NOTARIZED
(for any person in household who is Self-Employed)
- _____ Copy of the utility bill for which you are requesting assistance.

- I understand that I must provide copies of the required documents with my application before my application will begin the review process.
- I understand I will have 14 days to submit the required documents, if not submitted in a timely matter, my application will be considered incomplete and closed.

Applicant Signature

Date



Comanche Nation Of Oklahoma
Low Income Home Energy Assistance Program (LIHEAP)

Date of Application: _____ Date Application Completed: _____

Comanche Tribal Enrollment Number: _____ LIHEAP Case #: _____
 (must provide a copy of the CDIB with application)

Applicant Information

Name (first and last): _____ Maiden Name: _____

Address: _____ City: _____ County: _____ Zip: _____

Date of Birth: _____ SSN: _____ Phone #: _____

Email: _____

LIST OF ALL HOUSEHOLD MEMBERS (EXCLUDING APPLICANT)

	<u>First Name</u>	<u>Last Name</u>	<u>DOB</u>	<u>SSN#</u>	<u>Tribe</u>	<u>Relationship</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____

HOUSING INFORMATION

Type of Residence: () Own () Rent () Other: Specify _____

How many bedrooms does your residence have? () One () Two () Three () Four or more

Do you pay your own heating costs? () Yes () No

If you rent, is the cost of utility included with the rent? () Yes () No

Do you pay your own heating costs (bill) separately? () Yes () No



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INDICATE YOUR PRIMARY SOURCE OF HEATING/COOLING UESD IN THE HEAT:

() Electric () Propane () Natural Gas

Name of Supplier: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Amount Owed: _____ Due: _____

INCOME (FOR ALL HOUSEHOLD MEMBERS)

A. Earned Income: List income from employment including self-employment before deductions for all household members. Verification must be submitted.

Name of Employer: _____ Date Received: _____

Amount of Monthly Income: _____ Total Amount Earned: _____

B. Other Income Received: --- TANF --- Social Security ---Veteran's Benefits --- Worker's Compensation ---Child Support ---SSI ---Retirement, Etc.

VERIFICATION MUST BE SUBMITTED

Amount Received: _____ Source: _____ Date Received: _____

Amount Received: _____ Source: _____ Date Received: _____

Amount Received: _____ Source: _____ Date Received: _____

TOTAL AMT. RECEIVED: _____ TOTAL # IN HOUSEHOLD: _____

TOTAL MONTHLY INCOME (A+B): _____

LIQUID RESOURCES: Do you or any member of your household have any cash on hand or deposited in a bank, savings and loan companies, credit union, etc.? () Yes () No

Name of Institution: _____

Address: _____

Type: _____ Amount: _____



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CLIENTS STATEMENT OF RIGHTS AND RESPONSIBILITIES:

I hereby authorize the Comanche Nation to make any necessary investigation as to my financial situation and other conditions relating to my possible eligibility. I understand that giving the Comanche Nation Social Services Department false or misleading information will make me ineligible for future assistance. I understand that I have the right to a fair hearing of any action taken by the Comanche Tribe, which I consider improper, and aslo any unreasonable delay in decision. Request for a fair hearing may be made in person or handwritten to the Comanche Tribe Social Services Department.

Signature of Applicant: _____ Date: _____

Social Services Rep: _____ Title: _____ Date: _____

FOR DEPARTMENT USE ONLY:

Date of Verification from DHS LIHEAP: _____

Name of Person spoken with: _____ Employee Initials: _____

Date of Verification Tribal LIHEAP Program: _____

Name of Person spoken with: _____ Employee Initials: _____

Application Approved: () Yes () No Eligible Amount: _____

Supervisors Initials: _____ (verification of review/approval of app.) Amount Approved: _____

() Cooling () Summer Crisis () Winter/year round Crisis () Heating

Reason for Denial: _____

Date of Verification from Utility Company to confirm client eligibility: _____

Name of person spoked with: _____ Employee Initials: _____

Date of Commitment Letterhead FAXED to utility company: _____ Emp. Initials: _____

Date Applicant was notified of decision regarding application: _____ Emp. Initials: _____



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Declaration of Income Eligibility

Case Name: _____ Case Number: _____

The size of my household is _____.

My total household monthly gross income is _____.

- I certify that I meet the income guidelines of the Low Income Home Energy Assistance program as listed.
- I have been informed that any person who knowingly, willfully and frequently provides false information for the purpose of obtaining benefits which he/she is ineligible to receive may be subject to prosecution to the fullest extent of the appropriate state or federal stature.

Client Signature: _____ Date: _____

Concur: () Yes _____ Date: _____
 () No Social Services Representative Date: _____

HOUSEHOLD #	ANNUAL	MONTHLY
1	\$19,140	\$1,595
2	\$25,860	\$2,155
3	\$32,580	\$2,715
4	\$39,300	\$3,275
5	\$46,020	\$3,835
6	\$52,740	\$4,395
7	\$59,460	\$4,955
8	\$66,180	\$5,515



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UNEMPLOYMENT & PUBLIC ASSISTANCE AFFIDAVIT

(All adults 18 yrs and older must sign)

Case Name: _____ Case Number: _____

I, _____, do hereby certify that I am **not** presently **employed** or
(Print Name)

Receiving any salary/wages or income from any source of Public Assistance such as SSI, Social Security, Workmen's Compensation, Unemployment Benefits, TANF, or Veteran's Benefits.

Applicant Signature and/or Adult Household Member Signature

Date

Social Services Representative

Date



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SELF-EMPLOYMENT AFFIDAVIT

Date: _____

Case Name: _____

Case Number: _____

I, _____, do hereby certify that I am self-employed and my average income on a monthly basis is _____.

Occupation title: _____.

I understand my signature verifies the amount quoted above is true and accurate. I also understand any false information can disqualify me from assistance.

Signature: _____

Name: _____

Address: _____

City, State, Zip code: _____

INDIVIDUAL ACKNOWLEDGEMENT

State of _____; County of _____

Before me the Undersigned, a Notary Public, in and for said County and State on the ____ day of _____, 20 ____ personally appeared before me, _____ to let me know to be the identical person who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the use and purposes therein set forth.

My commission expires: _____

_____ Notary Public