



Ponca Tribe of Oklahoma

"Rich In Culture and Tradition"

"Equal Opportunity Employer"

20 White Eagle Drive ♦♦ Ponca City, Oklahoma 74601 ♦♦ Phone: (580) 762-8104 ♦♦ Fax: (580) 762-2743

FY/2024 PAYMENT MATRIX

The Ponca Tribe does Maximum Payment of \$500.00 and a Minimum Payment of \$100.00 for Electric, Gas Propane and Wood. Bill Amount \$1.00 - \$99.00 paid at a Minimum of \$100.00 plus paid at a Maximum of \$500.00.

Household Size	Minimum & Maximum	2024 Gross Yearly Income 150% of Poverty
1	\$100 \$500	\$21,870
2	\$100 \$500	\$29,580
3	\$100 \$500	\$37,290
4	\$100 \$500	\$45,000
5	\$100 \$500	\$52,710
6	\$100 \$500	\$60,420
7	\$100 \$500	\$68,130
8	\$100 \$500	\$75,840
9	\$100 \$500	\$83,550
10	\$100 \$500	\$91,260
11	\$100 \$500	\$98,970
12	\$100 \$500	\$106,680

For family units with more than 12 members add \$7,710 for each additional member at 150 percent of Federal Poverty Guideline



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LIHEAP APPLICATION CHECKLIST

The following documents are needed to complete your LIHEAP Application. (Incomplete Applications will not be processed)

- Certificate Degree of Indian Blood (CDIB) for applicant and family members in household.
- Copy of Social Security Card. (Applicant) All members of household must have Social Security numbers listed on application.
- Verification of ALL Household Income. Employment Income, SSI, Social Security, Unemployment Compensation, VA., etc. (Copy of Check stub, award letter, Bank Statement.) If any household member is 18 years of age or older and he/she is unemployed, individual will have to sign an "No Income Form."
- Copy of current Utility bill that you are requesting assistance. Must be a current utility bill Disconnect notice, or a cutoff notice.
- Signed Application.
- I understand I must submit all required documents with my application, if not, my application will be incomplete and closed.

Applicant Signature

Date



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LIHEAP APPLICATION (LOW INCOME HOME ENERGY ASSISTANCE PROGRAM)

Household Information:

Head of Household: _____
Last First MI

Spouse: _____
Last First MI

Address: _____
Street # or P.O Box City State Zip

*Social Security #: _____ D.O.B.: _____ Phone #: _____

*Tribal Affiliation: _____

Email: _____

Can we contact you thru email: _____

***Please attach a copy of Verification.**

Household members (list all members of household)

	Name:	DOB:	SS#	Tribe:	Relationship:	Age:
1					Head of Household	
2						
3						
4						
5						
6						
7						
8						
9						

Are there any household members that are 60 or older? ☐ Yes ☐ No

Are there any household members that are disabled or handicapped? ☐ Yes ☐ No

Are there any household members that are 6 yrs. old or younger? ☐ Yes ☐ No

Does any household member(s) receive food stamps or commodities? ☐ Yes ☐ No

Have you or any household member received LIHEAP assistance from any other tribe
or from DHS in the past 12 months: ☐ Yes ☐ No

Housing Arrangements:

Do you rent or own your home? ☐ Yes ☐ No

Does your rent include the utilities? ☐ Yes ☐ No

Do you pay your own heating/cooling bill? ☐ Yes ☐ No

Do you currently have a cut off notice? ☐ Yes ☐ No

What is your primary source of Heating/Cooling? (Check all that apply.) ☐ Gas ☐ Electric ☐ Propane

Please list the name of your energy supplier. _____



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Household Income:

A. Please list all Earned Income of any household members who are currently employed. (Verification must be submitted.)

Name:	Employer:	Phone:	Hourly wage: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/>	Amount of Income
				\$
				\$
				\$
				\$
				\$
				\$
Total Amt. Earned:				\$

B. **Other Income Received:** TANF, Social Security, Veteran's Benefits, Worker's comp., SSI, Retirement etc.
(Verification must be submitted.)

Name:	Source of Income	Amount of Income
		\$
		\$
		\$
		\$
		\$
		\$
Total Amt. Rec'd:		\$

Total Monthly Income: (A + B)

\$ _____

Total number in household



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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) UTILITY ARRANGEMENT RESPONSIBILITY

Attention All Applicants:

It is YOUR responsibility to make arrangements on any Cut off Notices. If you have arrangements pending on any Payment or Satisfactory Agreement, they must be kept by you. If you do not adhere to the arrangements made between you and the Utility Company, your services will be disconnected.

LIHEAP will only pay a portion of the previous balance. (Depending on the funding available) LIHEAP is NOT responsible for the whole amount of your bill.

I understand that it is my responsibility to maintain any Arrangements I have made with the Utility Company and if not, my utilities may be disconnected.

Print name

Address

City State Zip

Phone Number

Applicant Signature

Date



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FAMILY SERVICES DIRECTOR
20 WHITE EAGLE DRIVE,
PONCA CITY, OK. 74601
PHONE: (580) 763-0135 - CELL PHONE: (580) 485-8775
Family Services Assistant Cell Phone: (917) 287-8900

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) NOTICE OF RIGHTS

YOU HAVE THE RIGHT TO:

- Have your application processed in a timely manner.
- Receive notice of denial by letter within ten (10) working days or contact the Family Service Department to receive verbal notification within five (5) working days.
- Have your Crisis Assistance acted upon within two (2) working days; and
- File a complaint to the Ponca Tribe Family Services Director if you feel that your application has not been processed in a timely manner.

The Ponca Tribe Family Services Director will make every effort to ensure that your application is processed in a timely manner. If you are not satisfied with the assistance provided to you, please feel free to file a grievance.

GRIEVANCE PROCEDURES:

- Must be made in writing to the Ponca Tribe Family Services Director within ten (10) WORKING DAYS of NOTICE OF DENIAL.
- An unbiased Grievance Committee will be selected to hear the written complaint within fifteen (15) WORKING DAYS and will issue a ruling to complaintive.
- If complaintive is still not satisfied with the ruling of the Grievance Committee, they may file an appeal to the Ponca Tribal Business Committee.
- The ruling of the Ponca Tribal Business Committee will be the FINAL ruling.

I hereby attest to receipt and acknowledgement of the above rights on the date written herein.

Applicant Signature

Date



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LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

1. CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB) FOR EACH HOUSEHOLD MEMBER.
2. SOCIAL SECURITY CARD(S) FOR EACH HOUSEHOLD MEMBER.
3. HEAD OF HOUSEHOLD'S VERIFICATION OF INCOME SUCH AS CHECK STUB, BANK STATEMENT IF YOU HAVE DIRECT DEPOSIT, SOCIAL SECURITY OR SSI AWARD LETTER.
4. IF ANY MEMBER(S) OF HOUSEHOLD ARE UNEMPLOYED, THEN, EACH MEMBER THAT IS UNEMPLOYED MUST SIGN VERIFICATION OF UNEMPLOYMENT.
5. YOU MUST HAVE YOUR CURRENT BILL.

FY- 2023 POVERTY GUIDELINES

Size of Family Unit	2023 150% OF POVERTY
1	\$20,385
2	\$27,465
3	\$34,545
4	\$41,625
5	\$48,705
6	\$55,785
7	\$62,865
8	\$69,945

For Family units with more than 8 members add \$7,080 at 150% of poverty.

I attest that I have not made an application or received assistance from any other Agency that assisted with LIHEAP during the 2022-2023 funding cycle.

APPLICANT SIGNATURE

DATE