



# 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

## LIHEAP APPLICATION

(LOW INCOME HOME ENERGY ASSISTANCE PROGRAM)

### OVERVIEW:

The Ponca Tribal LIHEAP Program provides eligible households with Heating and Cooling assistance. The Applicant does not have to be on the Ponca Tribal Roll but must be an enrolled with a Federally recognized Tribe. Priority is given to the elderly, disabled, and households with children 6 yrs. old and younger.

### ELIGIBILITY:

- Enrolled member of any Federally recognized Tribe.
- Applicant must reside in the Service area. The counties included are Kay, Noble, Grant, and Garfield.
- Applicant must be 18 years of age or older.
- Utility bill must be in tribal member's name and/or spouse's name.
- Applicant must submit copy of CDIB and Social Security Card with application.
- If you have received LIHEAP Assistance from DHS, you CANNOT receive LIHEAP Assistance from the Tribe. (Family Services will contact DHS to Verify.)
- Must meet the LIHEAP income guidelines to qualify for assistance.

### IMPORTANT:

Any reconnect fees, deposits, or payment agreements of any kind will not be paid. Single individuals with no dependents are low priority for LIHEAP assistance.



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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 have all the required documents with my application before my application will be processed.

I, also, 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

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### 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: \_\_\_\_\_

**\*Pease 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 ther 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 your or any household member received LIHEAP assistance from any other tribe or from DHS in the past 12 months:  Yes  No



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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:	Source of Income	Amount of Income
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total Amt. Earned:</b>				\$

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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Amt. Rec'd:</b>		\$

**Total Monthly Income: (A + B)** \$ \_\_\_\_\_

**Total number in household:** \_\_\_\_\_



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## Housing Arrangements:

- |                                           |                               |                              |
|-------------------------------------------|-------------------------------|------------------------------|
| Do you rent or own your home?             | <input type="checkbox"/> Rent | <input type="checkbox"/> Own |
| Does your rent include the utilities?     | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |
| Do you pay your own heating/cooling bill? | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |
| Do you currently have a cut off notice?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |

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

- Gas
- Electric
- Propane

Please list the name of your energy supplier and address.

\_\_\_\_\_

\_\_\_\_\_  
Street or PO Box      City      State      Zip

\_\_\_\_\_  
Phone Number



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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 (LIHEAP) 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 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 you 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 complaintiff.
- If complaintiff 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- 2022 POVERTY GUIDELINES

Size of Family Unit	2022 150% OF POVERTY
1	\$19,320
2	\$26,130
3	\$32,940
4	\$39,750
5	\$46,560
6	\$53,370
7	\$60,180
8	\$66,990

For Family units with more than 8 members add \$6810 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 2021-2022 funding cycle.

APPLICANT SIGNATURE

DATE





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## FOR DEPARTMENT USE ONLY:

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Date of Application: \_\_\_\_\_

Date Application Complete: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

LIHEAP Case #: \_\_\_\_\_

Eligible Amount: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

- Cooling
- Heating
- Crisis
- Winter/Summer year-round Crisis

## FEDERAL POVERTY GUIDELINE CALCULATION:

Monthly Income = \$ \_\_\_\_\_

Annual Income = \$ \_\_\_\_\_

Total Number in Household = \_\_\_\_\_

Annual Income ÷ Federal Poverty Guideline = \_\_\_\_\_%

Below 150% of Poverty  Yes  No

Application Approved:  Yes  No

Supervisor's Initials: \_\_\_\_\_