



# Ponca Tribe of Oklahoma

## Family Services Program

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*"Rich in Culture and Tradition"*  
Equal Opportunity Employer

101 White Eagle Drive ▪ Ponca City, Oklahoma 74601 ▪ phone: (580) 763-0135

Date: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_

This is to advise you the Ponca Tribe Low Income Home Energy Assistance Program (LIHEAP) is assisting with your heating/cooling/crisis bill in the amount of \$ \_\_\_\_\_. This is a one-time service to you. You must also be aware that you cannot apply through DHS or any other Tribal LIHEAP program. Emergencies are based on circumstances and availability of funds.

The Ponca Tribe is glad to be of service to you. If you have any questions or concerns, please feel free to contact our office.

Thank you,

\_\_\_\_\_  
Family Services LIHEAP Coordinator  
Ponca Tribe of Oklahoma

\_\_\_\_\_  
Client Signature



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## LIHEAP APPLICATION CHECKLIST AND GUIDELINES

The following documents are needed to complete your LIHEAP application. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** By signing below, you agree to the guidelines outlined below.

- Certificate of Degree of Indian Blood (CDIB) for applicant and family members in household.
- Copy of Social Security Card for **Applicant**. All members of the household **MUST** have Social Security numbers listed on the application.
- Verification of **ALL HOUSEHOLD INCOME**. Employment income, SSI, Social Security, Unemployment Compensation, V.A. etc. Copy of check stubs, award letter, bank statements. If any member of the household is 18 years or older and he/she is unemployed, they must sign a **"NO INCOME FORM"**.
- Copy of current utility bill. **Must be a current utility bill, disconnection, or cut-off notice.**
- Signed Application (All Sheets)
- I understand I may be approved for assistance a maximum of 3 times per year (Our year us Oct 1 to Sept 30). One time during each of the two phases and once in a crisis. Phase 1 is from 11/1/2024 to 2/23/2025. Phase 2 is 5/1/2025 to 9/13/2025. I may apply for Crisis assistance once, anytime during the year when I meet the crisis criteria.
- I understand I may receive assistance from one LIHEAP program per year, receiving assistance from more than one program (Like the Ponca Tribe or DHS), may result in being banned from further assistance for 1 year or longer for repeat offenders.

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

\_\_\_\_\_  
Date



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## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

### Household Information:

Head of Household: \_\_\_\_\_  
Last First MI

Spouse \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State ZIP

\*Social Security: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

\*Tribe: \_\_\_\_\_ Email: \_\_\_\_\_

### Household Members (List all household members)

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

### Please check all that apply:

Are there any household members 60 or over?  Yes  No

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

Are there any household members under the age of 6 yrs or younger?  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

X \_\_\_\_\_  
By signing above, I certify the information is true and correct



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**Household Income:**

A. Please list all earned income of any household member who is currently employed (please submit verification)

Name	Employer	Phone	Hourly Wage	Amount of Income
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total Amount Earned</b>				\$

B. Other income received: TANF, Social Security, Veteran’s Benefits, SSI, Retirement etc.

Name	Source of Income	Amount of Income
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Amount Received</b>		\$

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

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

**Housing Arrangements:**

- Do you rent or own your home?  Rent  Own
- Does your rent include 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

X \_\_\_\_\_  
By signing above, I certify the information is true and correct



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## FY 2024 FPL PAYMENT MATRIX

Bill amounts of \$1.00 - \$99.00 at minimum of \$100, Maximum of \$500.00 for Electric, Gas, Propane and Wood.

Household Size	Minimum & Maximum	2024 Gross Yearly Income 150% of Poverty
1	\$100 \$500	\$22,590
2	\$100 \$500	\$30,660
3	\$100 \$500	\$38,730
4	\$100 \$500	\$46,800
5	\$100 \$500	\$54,870
6	\$100 \$500	\$62,940
7	\$100 \$500	\$71,010
8	\$100 \$500	\$75,080
9	\$100 \$500	\$87,150
10	\$100 \$500	\$95,220
11	\$100 \$500	\$103,290
12	\$100 \$500	\$111,360



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## 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 letter within ten (10) business days or contact the Family Services department to receive a verbal notification within five (5) business days.
- Have your crisis assistance acted upon within two (2) working days.
- File a complaint to the PTFS Director if you feel that your application has not been processed in a timely manner.

Grievance Procedures:

- Must be made in writing to the PTFS Director within ten (10) business days of NOTICE OF DENIAL.
- An unbiased grievance committee will be selected to hear the written complaint with fifteen (15) business days and will issue a ruling to the complaint.
- If the complaint is still not satisfied with the ruling of the grievance committee, they may file an appeal to the Ponca Tribe Business Committee.
- The ruling of the Ponca Tribe Business Committee will be the **FINAL** ruling.

### UTILITY ARRANGEMENT RESPONSIBILITY

Applicant:

It is your responsibility to make arrangements for any cut-off notices. If you have prior arrangements pending on any payment or satisfactory agreement, they must be kept by you. If you do not adhere to the arrangements 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 the 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.

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

\_\_\_\_\_  
Date



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### INCOME VERIFICATION

I \_\_\_\_\_

, hereby state that I am currently unemployed.-

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LIHEAP Coordinator

\_\_\_\_\_  
Date