Ponca Tribe of Oklahoma
Family Services Program

"Rich in Culture and Tradition"

101 White Eagle Drive ▪ Ponca City, Oklahoma 74601 ▪ phone: (580) 763-0135
Website: www.ponca-nsn.gov

Date: _____

Address:

_____

_____

_____

Dear _____

This is to advise you that 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 GUIDLINES

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**. All income, SSI, Social Security, Unemployment Compensation, V.A., Per Capita ,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 is Oct 1 to Sept 30). One time during each of the two phases and once in a crisis. Phase 1 is from 11/1/2025 to 2/23/2026. Phase 2 is 5/1/2026 to 9/13/2026. 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.

☐ When applying for assistance applications must be submitted in person or by email by the person applying and/or spouse. There is a JotForm on the Ponca Website to submit applications and/or documents. Documents must be legible.

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						
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
				$
				$
				$
				$
				$
Total Amount Earned				$

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

Name	Source of Income	Amount of Income
		$
		$
		$
		$
		$
		$
Total Amount Received		$

Total Monthly Income (A+B) $ _____

Total number in household: _____

Housing Arrangements:

Do you rent or own a 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 2026/2027 PAYMENT MATRIX

Bill amounts $1.00-$99.00 at minimum of $100.00 Maximum of $500.00 for

Electric, Gas, Propane, and Wood.

Household Size	Minimum & Maximum	Gross Yearly Income 150% of Poverty
1	$100 $500	$23,940
2	$100 $500	$32,460
3	$100 $500	$40,980
4	$100 $500	$49,500
5	$100 $500	$58,020
6	$100 $500	$66,540
7	$100 $500	$75,060
8	$100 $500	$83,580
9	$100 $500	$92,100
10	$100 $500	$100,620
11	$100 $500	$109,140
12	$100 $500	$117,660

For family units with more than 12 members add $5,680 for each additional member

At 150% of Federal Poverty Guideline.

Revision 09/22/2026

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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 within 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 with 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 of Person Above **Date**

_____ _____

LIHEAP Coordinator **Date**

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, grant and authorize the exchange of information between the Ponca Tribe Family Services Department and the following agencies/programs:

Tribal/State Employment Office

Tribal/State Social Services Programs

Social Security Administration

Tribal Finance Office

Tribe/State Federal Courts

Tribe/State Education Programs

Tribe/State Human Resources

Any information exchanged will pertain to my eligibility to receive benefits or referrals to other Human Service/Social Services/Financial Services programs that would benefit me. By signing this release of information form, I agree and understand that any information obtained will be kept confidential and will be used only for 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 government agencies, courts, or law enforcement agencies for purposes of legal and investigative actions 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**