



SHAWNEE TRIBE EDUCATION & SOCIAL SERVICES

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Low Income Household Water Assistance Program (LIHWAP)

The following is provided through Shawnee Tribe LIHWAP:

- Assistance restoring disconnected water services
- Assistance preventing disconnection of water services
- Assistance with rates charged for water services

To qualify for LIHWAP assistance, you must meet the following income guidelines and reside in the state of Oklahoma:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$24,344	\$31,834	\$39,325	\$46,816	\$54,304	\$61,797

If your household size is larger than 6 people, please contact us for assistance.

LIHWAP applicants will receive a notification from the Shawnee Tribe once a decision to approve or deny assistance has been made. If the application is approved, the notification will identify the amount of the awarded benefit and information on how the payment will be made.

Once an individual applies for LIHWAP assistance through the Shawnee Tribe, federal law prohibits the applicant or any other members of the applicant's household from receiving LIHWAP payments from the Oklahoma Department of Human Services (DHS) or any other services agency or tribe during the same fiscal year (October 1 to September 30). Applicants will be subject to prosecution for fraud if they or any members of their household receive LIHWAP payments from multiple agencies or tribes in the same fiscal year.

Citizen Applicant Info & Home Water Needs

Applicant Name: _____
Last *First* *M.I.*

Home Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Shawnee Tribe Enrollment #: **911U** _____ DOB (MM/DD/YY): _____ Household Size: _____

Is water included in your rent?: Yes No

Identify your water source: City/Municipal

Well Water

Other Please describe: _____

Service Provider Information

Provider Name: _____

Provider Address: _____

Street Address
City, ST
Zip Code

Account Number: _____

Accountholder Name: _____

Family/Household Information

Beginning with the applicant, please list the following required information for all persons living in the household on a permanent basis.

Full Name <small>First MI Last</small>	DOB <small>MM/DD/YYYY</small>	Relationship to Applicant	Employed?		If yes, List Employer	SSN <small>XX-XXX-XXXX</small>	Disabled/ Handicapped?		Enrolled Shawnee citizen?	
			Y	N			Y	N	Y	N
		Applicant	Y	N			Y	N	Y	N
			Y	N			Y	N	Y	N
			Y	N			Y	N	Y	N
			Y	N			Y	N	Y	N
			Y	N			Y	N	Y	N
			Y	N			Y	N	Y	N

Income Information

Please list monthly net income for all adult members in the household 18 and over.

Full Name <small>First MI Last</small>	Source of Income	Net Monthly Income

Total net monthly income (auto-calculates):

Does the household receive state aid?	Yes	No
Does the household receive TANF?	Yes	No

Application Checklist & Attestation

Applicant must provide the following documentation to complete the LIHWAP application:

- Proof of residence for applicant & accountholder (copy of utility bill, lease agreement, etc.)
- Proof of income for all adult household members (one month of paystubs or previous year's income tax return)
- Proof of disability (if applicable)
- Proof of Shawnee Tribe citizenship (Copy of Tribal ID card)
- Copies of State Issued ID Card for all adult household members
- Copies of Social Security Card for all adult household members
- Other documentation as requested

Attestation

As an applicant of the Shawnee Tribe Low Income Household Water Assistance Program (LIHWAP), I understand that I will receive a notice or award or denial from the Shawnee Tribe once a decision has been made regarding my request for LIHWAP assistance. If the application is approved, the award notice will identify the amount of my awarded benefit and notice as to how the payment will be made. I also understand that my LIHWAP application is confidential.

I understand that by applying for LIHWAP assistance through the Shawnee Tribe's program, federal law prohibits any member of my household from receiving LIHWAP payments from the Oklahoma Department of Human Services (DHS) or any other service agency or tribe during the current fiscal year (October 1 to September 30). Further, I understand that I will be subject to prosecution for fraud if any member of my household receives LIHEAP payments from other service agencies during this fiscal year.

I understand that the LIHWAP program is federally funded and that the penalty for providing false information shall not be more than a \$10,000 fine and not more than 4 years imprisonment, or both. In the event it is discovered that I provided false information, I agree to pay back all assistance received from LIHWAP funding. I understand that I will not be eligible for any federal funding payments from the Shawnee Tribe for 2 years from the date of discovery. I hereby authorize Shawnee Tribal representatives to make necessary investigations of my financial condition or other information regarding my eligibility.

I understand that I have the right to a fair hearing if I am not satisfied with the decision or action or experience an unreasonable delay in decision on my application. I understand that the process for fair hearing procedures for households whose application is denied or not acted on in a timely manner is as follows: The applicant shall submit a written notice of the grievance and request a review of his/her application within ten (10) days after the Shawnee Tribe has issued its decision. The request for review shall state the reason for the grievance and action or relief sought by the applicant. If the applicant fails to submit such written notice of grievance and request for review within the ten (10) day period, the applicant has waived his/her right to a review. The decision of the appeal review panel is final. The appeal review panel consists of the Education & Social Services Director, the Chief of Staff, and the Chief of the Shawnee Tribe.

I understand that the options for reporting suspected fraud are as follows: Individuals, whether employed by the Shawnee Tribe or not, may report suspected fraud to the Shawnee Tribe's Director of Education & Social Services, Chief Operations Officer, or the Executive Director of Compliance, or by using oighhs.gov/fraud/report-fraud. Employees of the Shawnee Tribe may also report suspected fraud anonymously at shawnee-tribe.ethicspoint.com.

By signing below, I declare the information in my application packet is true and correct and that I will cooperate with Tribal and Federal officials should my application become part of a quality control audit or review.

Applicant Signature:

Date:

Applicant Name (please print):