



Shawnee Tribe
Low Income Home Energy Assistance Program
FY 2022

The following assistance is provided through the Shawnee Tribe LIHEAP Program:

- Heating services through the Winter Months
- Cooling services through the Summer Months
- Crisis Assistance is available when there is an immediate danger, such as:
 - Shut off notice for gas or other utility, or propane tank is empty during winter months
 - Electric shut off notice for during summer months

As an applicant of the Shawnee Tribe FY 2021 LIHEAP Program, I understand I will receive a notification from the Shawnee Tribe once a decision has been made on my LIHEAP application. If the application is approved, the notification will identify the amount of my benefit payment and the information on how the payment will be made.

I understand that if I apply for LIHEAP for my household through the Shawnee Tribe LIHEAP program that federal law prohibits me or any other members of my household from receiving LIHEAP payments from the Oklahoma Department of Human Services (DHS), or other service agency or Tribe that has LIHEAP funding during the fiscal year dating from October 1, 2021 through September 30, 2022.

I further understand that the Shawnee Tribe follows up with all of these agencies and/or Tribes and that I will be subject to prosecution for fraud if I or any other member of my household receives LIHEAP payments through any of these agencies while receiving LIHEAP assistance through the Shawnee Tribe during the fiscal year dating from October 1, 2021 through September 30, 2022.

Applicant Signature

Date

Printed Name

To qualify for LIHEAP assistance, you must meet the income guidelines in the table below and live in Oklahoma:

1 Person Family	2 Person Family	3 Person Family	4 Person Family	5 Person Family	6 Person Family
\$23,756	\$31,066	\$38,375	\$45,685	\$52,995	\$60,304

Monthly Net Income: (For all adult members in the household 18 years or older).

- 1. Name: _____ \$: _____ Source: _____
- 2. Name: _____ \$: _____ Source: _____
- 3. Name: _____ \$: _____ Source: _____
- 4. Name: _____ \$: _____ Source: _____

Total Household Monthly Net Income: \$ _____

Proof of Income is **required**, the Shawnee Tribe accepts the following documents:

- 2020 Income Tax Forms
- 1 month of payroll stubs no older than 45 days old
- Social Security Award or VA Award
- Copy of Benefit Check
- Income Verification from the Department of Human Services
- Zero income verification form

Does the Household receive state aid? Yes ___ NO ___ TANF? YES ___ NO ___

Is the applicant or any member of the household handicapped/ disabled? YES ___ NO ___

Name of the handicap/ disabled household member: _____
(please furnish physicians statement)

Home Energy Needs:

Are heating/ cooling utilities included in your rent? YES / NO (Circle one)

Identify your heating/ cooling source:

_____ Propane	
_____ Natural Gas	Acct # _____
_____ Electric	Acct # _____
_____ Other:	_____

Vendor Name:

Address:			
City:	State:	Zip:	

Name utilities are currently in:

(If utilities are in a name other than the applicant, please provide proof of residence)

Have you received LIHEAP assistance on or after October 1, 2021? Yes / NO (circle one)

If yes, please list the services:

From whom did you receive them from: _____

I declare the information above is true and correct and that I will cooperate with Tribal and Federal officials should my application become part of a quality control audit review. I understand that the LIHEAP program is federally funded and that the penalty for providing false information shall not be more than a \$10,000.00 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 LIHEAP 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 the 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 any unreasonable delay in decision on my application. A request for a hearing



must be submitted in written form to the Shawnee Tribe Office within ten (10) days of decision notification.

Applicant Signature

Date

Shawnee LIHEAP Representative

Date

Please provide proof of the following documentation for all household members:

- **Proof of residence (utility bill, etc.)**
- **Proof of Income (one month pay stubs or previous years income tax return)**
- **Proof of disability, if applicable**
- **Copy of Shawnee Tribe Citizenship Card**
- **Copy of Social Security Cards for all household members**

The process for fair hearing procedures for households whose application are denied or not acted on in a timely manner are as follows: The applicant shall submit a written notice of grievance and request for a review of his/her application to the Shawnee Tribe within five (5) business days after the Shawnee Tribe has denied the assistance. 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 said five (5) day period the complainant will be deemed to have waived his/her right to a review before the Shawnee Tribe. The decision of the Shawnee Tribe review panel is final. The review panel consists of the Social Services Director, Chief of Staff, and the Tribal Chief. Applicants are informed of their right to a hearing and their rights at time of application.



Shawnee Tribe LIHEAP
Benefit Payment Matrix
(FOR OFFICE USE ONLY)

Applicant Name: _____

Criteria for Determination:

Household must be income eligible

Income Eligible	5 points
-----------------	----------

Number of Household Members

7 or more	8 points
6-5	7 points
4-3	6 points
2-1	5 points

Specific Need Population

Elderly (60+)	10 points
Disabled	10 points
Children 6 and under	10 points

Energy Criteria

Electric	2 points
Natural Gas	2 points
Propane	3 points
Firewood	1 point

Criteria Worksheet:

Income Eligible Points _____
 Number in Household points _____
 Specific Need Population Points _____
 Energy Criteria _____
Total _____

Benefit amount: _____

1-5	\$150
6-9	\$175
10+	\$200 Max

Prepared by: _____ Date: _____



Shawnee Tribe
Social Services Department

Client Name: _____ Roll #: _____

Program Name: _____

LIHEAP Check List	Yes	NO
Application Complete		
Current Shawnee Tribal Citizenship Card		
Proof of Income for all household members		
Proof of residence (copy of utility bill)		
Proof of Disability (if applicable)		
Provided Social Security card for everyone in household		

Application: () Approved () Denied

Notes:

Approval Signature

Date

