



Wyandotte Nation
Low Income Household Water Assistance Program
(LIHWAP) 2021

The following assistance is provided through the Wyandotte Nation LIHWAP Program:

- Water bills in arrears
- Current water bill.
- Crisis assistance is available when there is an immediate danger, such as:
 - Shut off notice for water and wastewater.

As an applicant of the Wyandotte Nation FY 2021 LIHWAP Program, I understand I will receive a notification either by mail, email or in person from the Wyandotte Nation once a decision has been made on my LIHWAP 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 LIHWAP for my household through the Wyandotte Nation LIHWAP Program that federal law prohibits me or any other members of my household from receiving LIHWAP payments from the Oklahoma Department of Human Services (OKDHS), or other service agency or Tribe that has LIHWAP funding during the fiscal year dating from October 1, 2020 through September 30, 2023.

I further understand that the Wyandotte Nation 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 LIHWAP payments through any of these agencies while receiving LIHWAP assistance through the Wyandotte Nation during the fiscal year dating from October 1, 2020 through September 30, 2023.

 Applicant Signature

 Date

 Printed Name

To qualify for LIHWAP 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
\$22,926	\$29,980	\$37,034	\$44,088	\$55,142	\$58,196

For family units with more than six (6) members, please contact Wyandotte Nation Family Services for income guidelines.

Benefit amounts will be determined by a benefit payment matrix.

NOTE: Complete both sides of application (front & back)

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Water Assistance Needs

Is water included in your rent? Yes / No (circle one)

Identify your water source: _____ City
_____ Rural Water District

ACCOUNT NUMBER : _____

Vendor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name Utilities are currently in: _____
(if utilities are in a name other than applicant, please provide proof of residence)

Have you received LIHWAP assistance on or after October 1, 2020? Yes / No (circle one)

If yes, please list the services: _____

From whom did you receive them: _____

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 quality control audit review. I understand that the LIHWAP Program is federally funded and that the penalty for providing false information shall not be more than a \$10,000.00 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 LIHWAP funding. I understand that I will not be eligible for any federal funding payment from the Wyandotte Nation for 2 years from date of discovery. I hereby authorize Tribal Representatives to make any necessary investigations of my financial condition or other information regarding my eligibility. I understand that I have a right to a fair hearing if I am not satisfied with the decision or action, or experience any unreasonable delay in a decision on my application. A request for a hearing must be submitted in written form to the Wyandotte Tribal Office within ten (10) days of decision notification.

Applicant Signature Date

Program Administrator Signature Date

Please provide Social Security Numbers for all members of the household.

NOTE: This application must be completed in full in order to be considered for LIHEAP eligibility.

Required documentation:

- Proof of residence (utility bill, etc.) (A copy of water bill will also be required in order for the Wyandotte Nation to make payment to water vendor).
- Proof of income **MUST** be provided for **ALL** household members. (**2 months** of pay stubs or 2019 or 2020 income tax return) For senior citizens receiving social security, a copy of current social security award letter.
- Proof of disability if applicable: Verification from Social Security Office
- Proof of Age (if elderly, need copy of driver's license or photo identification, or copy of CDIB card.
- Proof of Tribal membership

If you suspect LIHWAP fraud by any individual or entity, you can call the Office of Inspector General at 1-800-447-8477.