Wyandotte Nation
Low Income Home Energy Assistance Program
(LIHEAP) 2022

The following assistance is provided through the Wyandotte Nation 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 during summer months.

As an applicant of the Wyandotte Nation FY 2022 LIHEAP 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 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 Wyandotte Nation 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 (OKDHS), 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 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 LIHEAP payments through any of these agencies while receiving LIHEAP assistance through the Wyandotte Nation 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:

<table>
<thead>
<tr>
<th>1 Person Family</th>
<th>2 Person Family</th>
<th>3 Person Family</th>
<th>4 Person Family</th>
<th>5 Person Family</th>
<th>6 Person Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$23,756</td>
<td>$31,066</td>
<td>$38,375</td>
<td>$45,685</td>
<td>$52,995</td>
<td>$60,304</td>
</tr>
</tbody>
</table>

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)

(LIHEAP) 2022
Wyandotte Nation
Low Income Home Energy Assistance Program
(LIHEAP)

Home Energy Needs
Are heating / cooling utilities included in your rent? Yes / No (circle one)

Identify your heating / cooling source:  
_______ Wood (wood vendors must complete a W-9)
_______ Propane  
___________________ Account #
_______ Natural Gas  
___________________ Account #
_______ Electric  
___________________ Account #

Other: ____________________________

Vendor’s Name: ____________________________

Name Utilities are currently in: ____________________________
(if utilities are in a name other than 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: ____________________________

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 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 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.
(LIHEAP) 2022
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 utility bill will also be required in order for the Wyandotte Nation to make payment to utility vendor).
- Proof of income **MUST** be provided for **ALL** household members. (**2 months** of pay stubs or 2020 or 2021 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 LIHEAP fraud by any individual or entity, you can call the Office of Inspector General at 1-800-447-8477.
Wyandotte Nation  
Low Income Home Energy Assistance Program  
(LIHEAP)  

Applicant Name: _________________________________________  Applicant Address: _____________________________________________  
City: ____________________  State: _______________  Zip: __________  Age: _______  Date of Birth: __________________________________  
CDIB Card? Yes / No (circle one)  Wyandotte Tribal Membership Card: Yes / No (circle one)  If no, please list other Tribe: ___________  

Please list all persons in Household, listing yourself first:  

<table>
<thead>
<tr>
<th>First Name / MI / Last Name</th>
<th>Social Security Numbers for ALL household members</th>
<th>Relationship to Applicant</th>
<th>Employed Y / N</th>
<th>If Yes List Employer</th>
<th>Age</th>
<th>Disabled Y / N</th>
<th>CDIB Y / N</th>
<th>Tribal Enrollment Card Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
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(LIHEAP) 2022
Monthly Net Income: (For all adult members of 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 Wyandotte Nation accepts the following documents:

- 2020 or 2021 Income Tax Forms
- Prior 2 months of payroll stubs or other payment receipt
- Social Security Award or VA Award
- Copy of Benefit Check or other payment receipt
- Income Verification from the Department of Human Services

Does Household receive State Aid? Yes _______  No ________ If Yes, what type(s)?______________________________

Does Household receive TANF or Tribal TANF? Yes _______ No _________

Is applicant or any member of household handicapped / disabled? Yes / No (circle one)

Name of handicapped / disabled household member: ________________________________ (if yes, please furnish physicians statement)

(LIHEAP) 2022