

THE DELAWARE NATION



LIHEAP PROGRAM

(Low Income Heating & Energy Assistance Program)

**Pick up your application in the Child Care Services Office
And submit the following information**

- ❖ Copy of CDIB for all household members
- ❖ Social security numbers for all household members
- ❖ Proof of income for all household members
- ❖ Copy of utility bill (Depending on season)
- ❖ Completed application
- ❖ No CUT-OFF notices will be accepted.

Please Note:

- ❖ This program operates on a first come first serve basis.
- ❖ You may receive assistance one time for heating and one time for cooling upon availability of funds.
- ❖ If you have received assistance from DHS then you are ineligible for this program.

If you should have any questions, please contact: (405)247-2448

Lana Palmer: ext. 1150

DELAWARE NATION

P.O. Box 825
Anadarko, OK 73005
Phone (405)247-2448/Fax (405)247-9393



Date Rec'd _____

Low Income Home Energy Assistance Program LIHEAP Application

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ County: _____

Are you: Married Single Divorced Separated Widowed

List all household members:

Name	Age	Handicap	Disability	CDIB#	SSN

*For additional household members, please continue on back of page.

List member(s) of the household that receive food stamps and the case # _____

List all household income, amount and how often received

Name	Amount	How often? (weekly, biweekly etc.)

*For additional household members, please continue on back of page.

How much do you pay for rent? _____

Which of the following do you utilize as primary source of heating/cooling? Mark only one.

- Propane Electricity Fuel Oil No Cut-Off notices will be accepted
- Natural Gas Wood Other: _____

Name of utility company? _____

Account number _____

The amount of payment of your fuel bill is calculated by taking into consideration the above information. Please, complete all questions to the best of your ability. If you need assistance in completing this application, please do not hesitate to contact this office. The above information is required before this office can process your paper work.

I will provide verification of income and utility bill. I authorize the LIHEAP program coordinator to obtain necessary verification on any of these statements when necessary. The penalties for providing false information shall be no more than a \$10,000 fine or no more than five (5) years of imprisonment or both. Proof of all statements made on this application must be provided before any consideration of eligibility. If you are deemed eligible or ineligible, you will be notified within 30 days of the date your application was received. Appeal must be made to the Executive Committee about the program within 10 days after your notification of ineligibility or your notification of benefit.

I attest that the information given above is true and correct to the best of my knowledge.

Signature

Date

FOR OFFICE USE ONLY

Approved _____ Disapproved _____ Date _____

Notification Date _____ Check # _____ Date Mailed _____

Remarks _____

Intake Person _____

Date _____

Director _____

Date _____