

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
APPLICATION CHECK LIST**

The following documents are needed to complete you LIHEAP Application

- _____ Certificate Degree of Indian Blood (CDIB)
For person making application – Must be enrolled with the Comanche Nation
and must be Head of Household.

- _____ Social Security Number(s) for all in household

- _____ Verification of **ALL** Household Income:
Employment Income for the past 30 days: SSI, TANF,
Social Security, Workman's Compensation,
Unemployment Compensation, Veteran's Benefits, etc.

- _____ Signed Unemployment Affidavit for **ALL** persons in household, 18 yrs.
and older.

- _____ Notarized Self-Employment Affidavit
(For any person in household who is Self-Employed-
MUST BE NOTARIZED)

- _____ Copy of Bill for which you are requesting assistance

I understand I must have all of the required documents with my application before my application will begin the review process.

I also understand I must submit all required documents within two weeks from date of application; if all is not submitted, my application will be incomplete and closed.

Applicant Signature

Date

**Comanche Nation
Low Income Home Energy Assistance Program (LIHEAP)**

 Date of Application: _____ Date Application Completed: _____
 Comanche Tribal Enrollment Number: _____
 (must have copy of CDIB with application) LIHEAP Case #: _____

IDENTIFYING INFORMATION

Name: _____ Maiden Name: _____
 Address: _____ City: _____ County: _____ Zip: _____
 Date of Birth: _____ SSN: _____ Phone #: _____

LIST ALL HOUSEHOLD MEMBERS (EXCLUDING APPLICANT)

	<u>Last Name</u>	<u>First Name</u>	<u>DOB</u>	<u>SS#</u>	<u>Tribe</u>	<u>Relationship</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____

SHELTER INFORMATION

Type of Residence: Own Rent Other: Specify _____

How many bedrooms does your residence have?

1 Bedroom 2 Bedroom 3 Bedroom 4 or more Bedrooms

Do you pay your own heating costs? Yes No

If you rent, are your utility costs (bill) included with the rent? Yes No

Do you pay your own heating costs (bill) separately? Yes No

INDICATE YOUR PRIMARY SOURCE OF HEATING USED IN THE HOME:

Natural Gas Propane Electric

Name of Supplier: _____ Telephone: _____

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

Amount Owed: _____ Due Date: _____

INCOME (for ALL household members)

A. Earned Income: List income from employment including self-employment before deductions for all household members. Verification must be submitted.

Amount of Monthly Income	Name of Employer	Date Received

Total Amt Earned: _____

B. Other Income Received: TANF, Social Security, Veteran's Benefits, Worker's Compensation, Child Support, SSI, Retirement, Etc. Verification must be submitted.

Amount Received	Source	Date Received

Total Amt. Received: _____

Total number in household: _____

Total Monthly Income (A + B): _____

Liquid Resources:

Do you or any member of your household have any cash on hand or deposited in a bank, savings and loan company, credit union, etc.? Yes No

Name of Institution: _____ Address: _____

Type: _____ Amount: _____

CLIENTS STATEMENT OF RIGHTS AND RESPONSIBILITIES:

I hereby authorize the Comanche Nation to make any necessary investigation as to my financial situation and other conditions relating to my possible eligibility. I understand that giving the Comanche Nation Social Services Department false or misleading information will make me ineligible for future assistance. I understand that I have the right to a fair hearing of any action taken by the Comanche Tribe, which I consider improper, and also, any unreasonable delay in decision. Requests for a fair hearing may be made in person or handwritten to the Comanche Tribe Social Services Office.

Signature of Applicant

Date

Social Services Representative

Title

Date

FOR DEPARTMENTAL USE ONLY:

Date of Verification of DHS LIHEAP: _____

Name of Person spoken with: _____ Employee Initials: _____

Date of Verification Tribal LIHEAP Program: _____

Name of Person spoken with: _____ Employee Initials: _____

Application Approved: [] Yes [] No Supervisor's Initials: _____ (Verification of review/approval of application)

Eligible Amount: _____ Amount Approved: _____

Cooling Winter/year round crisis Heating Summer Crisis

Reason for Denial: _____

Date Utility Company was notified via telephone of Client Eligibility: _____

Name of Person Spoken To: _____ Employee Initial: _____

Date Letter of Commitment FAXED to Utility Company: _____ Employee Initial: _____

Date Applicant was notified of decision regarding application: _____ Employee Initial: _____

Comanche Nation
 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Declaration of Income Eligibility.

CASE NAME: _____

CASE NUMBER: _____

The size of my household is _____ and my total household **monthly gross income** is _____.

I certify that I meet the income guidelines of the Low Income Home Energy Assistance Program as listed below.

I have been informed that any person who knowingly, willfully and frequently provides false information for the purpose of obtaining benefits which he/she is ineligible to receive may be subject to prosecution to the fullest extent of the appropriate state or federal stature.

 Client Signature

 Date

Concur: Yes _____
 No Social Services Representative

 Date

SIZE OF FAMILY UNIT	MONTHLY	ANNUAL
1	\$1,300	\$15,600
2	\$1,750	\$21,000
3	\$2,200	\$26,400
4	\$2,650	\$31,800
5	\$3,100	\$37,200
6	\$3,550	\$42,600
7	\$4,000	\$48,000
8	\$4,450	\$53,400

For family units with more than 8 members, add \$5,400 for each additional family member.

Comanche Nation
Low Income Home Energy Assistance Program (LIHEAP)
UNEMPLOYMENT & PUBLIC ASSISTANCE AFFIDAVIT
(All adults 18 yrs. older must sign)

CASE #: _____ CASE NAME: _____

I, _____, do hereby certify that I am **not** presently **employed** or
(print name)
Receiving any **salary/wages** or **income** from any **source** or **Public Assistance such as SSI, Social Security, Workmen's Compensation, Unemployment Benefits, TANF, or Veteran's Benefits.**

Applicant's Signature and/or
Adult Household Member Signature

Date

Social Services Representative

Date