

**SOCIAL SERVICES**  
**LIHEAP Program**



P.O. Box 38  
Concho, OK 73022  
Off: (405) 422-7476  
1-800-247-4612  
Ext. 27476  
Fax: (405) 422-8218

**Low Income Home Energy Assistance Program**  
**2021 FY**

**Utility Assistance/Weatherization Disbursement**

If your household is directly responsible for heating or cooling costs, you may apply for the LIHEAP Utility Assistance, Air-Conditioner/Heater, Fan/Blanket & Energy Kit Program. A surplus of funds from the cooling and heating season was used to buy individual AC window units and portable heater units. These AC window and portable heater units are being disbursed to several communities across the Cheyenne & Arapaho Tribes' Service Area. This is a one-time disbursement, and future disbursements are not guaranteed.

In order to qualify for the LIHEAP program, **at least one (1) household member must be a member of a federally recognized American Indian or Alaska Native tribe.** Also, households must show a financial need based on federal income guidelines. Additionally, all households must provide complete financial information so that the LIHEAP caseworker may determine the applicant's eligibility. If this information is not provided, the LIHEAP caseworker will not process the application, and the applicant will not receive any assistance.

Below is a checklist of the required documents that are needed to process an application. **It is the applicant's responsibility to provide all necessary documents.** In order to expedite your application process, please provide all necessary documents when turning in an application. **The LIHEAP Caseworker CANNOT process an application without all required documents.**

**REQUIRED DOCUMENTS:**

- \_\_\_\_\_ CDIB for at least one (1) member of the household
- \_\_\_\_\_ Current, Original Utility Bill (Electric, Propane, or Gas)
- \_\_\_\_\_ Proof of Income for all Household Members over Eighteen (18) Years of Age\*

\*Applicants Name must match the name on the utility bill

\*Check stubs, SSI/SSA/VA award letters, TANF award letters, unemployment benefit statements, child support award letters, & an annual IIM account summary must be included in the proof of income. **All no-income statements must be signed in front of notary.**

**PLEASE SELECT**

- Applicant is applying for:
  - **UTILITY ASSISTANCE:** \_\_\_\_\_
  - **HEATER/WEATHERIZATION PROGRAM:** \_\_\_\_\_
- Have you received Utility Assistance or Electric Assistance?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If YES, When? \_\_\_\_\_
- Do you reside within the 11 county service areas? Yes: \_\_\_\_\_ No: \_\_\_\_\_



**Please Read Carefully:**

The amount of assistance that you receive is determined based on the information that you provide below. Please make sure that all information is accurate and up-to-date. The application must be fully completed, signed, and turned in with all necessary documents to the Cheyenne & Arapaho Tribes Social Services office. Processing will be done in a timely manner and all applicants will receive notice of approval or denial. Please contact the LIHEAP Caseworker if you need assistance filling out an application or if you have any questions.

**\*Applicant Must Be Head of Household\***

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home/Service address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**List All Household Members:**

Name:	DOB:	Age:	Social Security #:	Relation:	Elderly, Handicapped, Or Disabled?	Employed?
					E H D	Yes No
					E H D	Yes No
					E H D	Yes No
					E H D	Yes No
					E H D	Yes No

**Household Income:**

Please provide a complete, accurate list of income for all members of your household. **All household members over eighteen (18) years of age must provide proof of income.**

List amount of income earned each month:

Name:				Hourly Wage:
Payment Schedule:	Weekly	Bi-Weekly	Monthly	Other:
Name:				Hourly Wage:
Payment Schedule:	Weekly	Bi-Weekly	Monthly	Other:

- Please list any additional income on an additional page and attach any check stubs.
- Other assistance (SSI, Disability, etc.) can be accounted for on page 5.



**A Social Services Program**

**Cheyenne and Arapaho Tribes**

- If household members over eighteen (18) years of age are not receiving income, please fill out a "No Income Statement" on the next page.

- **No Income Statement:**

Please explain why you do not currently have an income, and also explain how your needs are currently being met.

I, \_\_\_\_\_, currently do not receive any monetary income because:

\_\_\_\_\_

\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **No Income Statement:**

Please explain why you do not currently have an income, and also explain how your needs are currently being met.

I, \_\_\_\_\_, currently do not receive any monetary income because:

\_\_\_\_\_

\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTARIZE BELOW:**

SEAL

State of Oklahoma

County of \_\_\_\_\_

Signed and/or attested before me on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Notary Public

Commission# \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**Other Assistance:**

Please list any other assistance that you receive.

Weekly: W	Monthly: M
Bi-Weekly: B	Annually: A

Source of Assistance:	Award Amount:	Payment Schedule:
	\$	W B M A Other:
	\$	W B M A Other:

\*Please attach award letters for benefits received to your completed application.



**PLEASE READ CAREFULLY:**

By signing below, I agree to the following terms:

Initial: \_\_\_\_ I certify that the information on this application is true and correct to the best of my knowledge. If I provide fraudulent information, my eligibility for future LIHEAP services **could be suspended.**

Initial: \_\_\_\_ I understand that my application **will not be processed** until all required documentation is submitted.

Initial: \_\_\_\_ I understand that my application will take up to **3 work days to process** or up to two (2) weeks for vendor checks to be processed by A.P. department.

Initial: \_\_\_\_ I authorize the Cheyenne & Arapaho Tribes' Department of Social Services to acquire any information that is necessary to complete my application.

Initial: \_\_\_\_ I understand the Cheyenne & Arapaho Tribes' Social Service Program is **not responsible for damage or repair** to heater/ac units and/or fans.

If you have read, understand, and agree to the terms above, please sign below:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED DOCUMENTS:**

**CDIB** for at least one (1) member of the household

Current, Original **Utility Bill\*** (Electric, Propane, or Gas)

**Proof of Income** for all Household Members over Eighteen (18) Years of Age\*\*

\*Applicants Name must match the name on the utility bill

\*\*Check stubs, SSI/SSA/VA award letters, TANF award letters, unemployment benefit statements, child support award letters, & an annual IIM account summary must be included in the proof of income.

All no-income statements must be signed in front of notary.

In order to expedite your application process, please provide all necessary documents.



**Social Service LIHEAP program Closed to the public in an effort to reduce COVID19 transmission.**

**Please Submit or Request Applications and Documents to:**

**<https://cheyenneandarapaho-nsn.gov/>**

**Cheyenne and Arapaho Tribes  
Social Services Program**

**P.O. Box 38  
Concho, OK 73022  
405-422-7476**

**Email -**

**[Swasha@Cheyenneandarapaho-nsn.gov](mailto:Swasha@Cheyenneandarapaho-nsn.gov)**

**Fax –**

**405-422-8218 attn: LIHEAP**

**It is the applicant's responsibility to provide all necessary documents**

**CDIB** for at least one (1) member of the household from any federally recognized tribe  
Applicants Name must match the name on the utility bill  
Check stubs, SSI/SSA/VA award letters, TANF award letters, unemployment benefit statements, child support award letters, & an annual IIM account summary must be included in the proof of income.



Have you used LIHEAP in the past?

- a. Yes
- b. No

Would you or your family be interested in attending events focused on DIY weatherizing of your home?

- a. Yes
- b. No

Would you like to see more educational information on reducing energy costs?

- a. Yes
- b. No

Would you be interested in attending budgeting classes?

- a. Yes
- b. No

In which age category do you belong?

- A. 18-29
- B. 30-49
- C. 50-59
- D. 60 years or older

How many are in your household size?

- A. 1-3
- B. 2-5
- C. 5 or more

What are some ideas you would like to see with the LIHEAP program?

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Other Comments/Ideas:

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