

**Pawnee Tribe of Oklahoma
Community Services Block Grant Assistance Program
361 Clinic Road Pawnee, OK 74058**

Date: _____

Name of applicant: _____ Tribe: _____ DOB: _____

Address: _____ City: _____ Zip: _____ Social Security No: _____

Are you employed? Yes No Are you disabled? Yes No Phone: _____

Other Members of Household							
Name	D.O.B	Disabled	CDIB Card		Is this Person Employed?		If Yes - Employers Name
			Yes	No	yes	No	
1.							
2.							
3.							
4.							
5.							

Source of Income For All Adult Members of Household 18 Years of Age or Older					
Unemployment Compensation	\$	Mo	Workman's Compensation	\$	Mo
Social Security Income	\$	Mo	Child Support/Alimony	\$	Mo
Supplemental Security (SSI)	\$	Mo	Wages	\$	Mo
State Aid	\$	Mo	Self Employed Income	\$	Mo
AFDC	\$	Mo	Spouse Income	\$	Mo
Veterans Benefits	\$	Mo	Other Income (Specify)	\$	Mo
Retirement/Pension	\$	Mo.	Total Household Income	\$	Mo

Please list what type of assistance you need:

Applicants Signature Date

LIHEAP Staff Signature Date

OFFICE USE ONLY

Approved _____ Denied _____ Reason for Denial: _____ Amount \$ _____

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (CSBG)
PAWNEE NATION OF OKLAHOMA**

Requirements:

Applicant must be Native American as verified by a Certified Degree of Indian Blood (CDIB) or Tribal Membership card. Please provide CDIB or Tribal Membership card for all members residing at the residence. If CDIB or Tribal Membership card is not applicable, provide Driver License or Social Security card.

Applicant must reside in Pawnee County, Stillwater or Yale as verified by Proof of Residence (current utility bill).

Proof of Income—prior (30) days income verification (i.e. check stub, social security, bank statement, unemployment, TANF, etc.). Applicant must meet poverty guidelines set forth by Department of Health & Human Services (DHHS) or qualify using the benefits point system. If there is no household income, applicant must complete and submit an unemployment statement form prior to assistance approval.

*Award amounts vary based on the yearly funding amount from the Federal CSBG program.

*A onetime flat benefit of eligible award amount will be given upon approval of application per fiscal year.

*Assistance will be granted for the following: rental deposits, rental evictions, utility services, amenities for suitable living environment, and medical expenses.

Fair Hearing Procedure:

I declare that the information I have given on my application is true and correct and that I will cooperate with Tribal and Federal officials should my application become part of a quality control audit review. I understand that the Pawnee Nation CSBG Program is federally funded and that there is a penalty for providing false information.

I hereby authorize Tribal Representatives to make any necessary investigation 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, action, or any unreasonable delay in a decision on my application.*** A request for a hearing must be submitted in a written form to the Pawnee Nation CSBG Office within (10) working days of decision notification. If no request for a hearing is filed within the (10) working day period, the hearing offer is deemed to have been refused and no hearing will be held.

If a hearing is requested, the Pawnee Nation CSBG Office will designate a presiding officer, and the hearing will take place on a date, time, and location agreed upon among the hearing requestor, Pawnee Nation CSBG Office, and the presiding officer. If an agreement cannot be reached, the presiding officer will designate a date, time, and location for the hearing.

Applicant Signature: _____ Date: _____

CSBG Staff Signature: _____ Date: _____

Please Submit Application to CHR Office located at 361 Clinic Road Pawnee, OK 74058 or mail to PO Box 470.
For more information call: (918) 762- 3873 Ext 1