

**Pawnee Tribe of Oklahoma  
Low Income Home Energy Assistance Program  
361 Clinic Road Pawnee, OK 74058**

Date: \_\_\_\_\_ Type of Assistance: \_\_\_\_\_ Heating \_\_\_\_\_ Cooling \_\_\_\_\_ Crisis (crisis qualification guidelines on back)

Name of applicant: \_\_\_\_\_ Tribe: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No Phone: \_\_\_\_\_

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

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

Does the household receive the following: TANF \_\_\_\_\_ Food Stamps \_\_\_\_\_ Commodities \_\_\_\_\_

What are you applying for help with? Electric \_\_\_\_\_ Gas \_\_\_\_\_ Propane \_\_\_\_\_

Are Heating/Cooling Utilities included in Rent? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LIHEAP Staff Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
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.

\*Crisis Definition – a crisis can be defined as a decisive or critical moment in regards to a client’s health and/or life. The following constitutes as a crisis: loss of wages due to cutbacks or layoffs in the workforce, becoming disabled due to illness or accident, or death of an immediate family member that causes a financial burden to the household. Applicants must provide documentation of crisis and a cut-off notice to receive crisis assistance.

\*Priority is given to elderly (55 years or older), handicap, those with children living in the home (8 and younger), and crisis applicants. Please provide disability documentation if claiming handicap priority.

\*Award amounts vary based on the priority population as well the yearly funding amount from the Federal LIHEAP program.

\*Assistance may be dispersed twice per year (fall/winter and spring/summer) or applicant can receive a onetime flat benefit of eligible award amount. LIHEAP award will only be applied to the most current charges on bill. Bills must be from the past 30 days.

**Fair Hearing Procedures:**

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 LIHEAP 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 LIHEAP 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 LIHEAP 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 LIHEAP 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: \_\_\_\_\_

LIHEAP 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