



The Klamath Tribes

Community Services Department

THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

To complete your application, we need the following Documentation/Information:

All copies provided must be **clear** and **readable**:

- **Copy of Social Security Cards for ALL new clients and new household members**
- **Verification of Income for ALL household members**
- **Copy of current utility bill(s) you would like assistance with**

**FAILURE TO PROVIDE THE REQUIRED INFORMATION MAY RESULT IN DELAY
OR DENIAL OF ASSISTANCE**

If you have any questions, please contact Shari Brown, Community Services Caseworker at (541) 783-2219 ext. 134 Fax (541) 783-0994

**The Klamath Tribes
Energy Assistance Application**

501 Chiloquin Blvd. ~ P.O.Box 436 ~ Chiloquin, Oregon 97624
(541) 783-2219 ~ Fax (541) 783-0994

Please Fill out Application Completely

Name _____ Tribal Affiliation _____ / _____
Roll Number

Physical Address _____

Mailing Address _____

Telephone # _____

Birth date ____/____/____ Male or Female (Circle One)

Social Security # _____ - _____ - _____

Disabled: Yes _____ No _____ **MUST PROVIDE VERIFICATION IF UNDER 60 YRS**

Monthly Gross Income \$ _____ **MUST PROVIDE VERIFICATION**

How long employed or unemployed _____

H.S Graduate _____ GED _____ College _____ Non-Graduate _____

Please list ALL HOUSEHOLD MEMBERS, other than yourself.

It is very important to enclose copies of Social Security Cards, Income Verification for ALL household members, utility bills and receipts. Failure to submit the proper documentation will result in delay of processing your application and/or denial of assistance.

1.) Name _____ Social Security # _____ - _____ - _____ Tribal Affiliation _____

DOB ____/____/____ Disabled: Yes _____ No _____ **MUST PROVIDE VERIFICATION**

Monthly Gross Income \$ _____ (Proof required) How long employed or unemployed _____

Income Source _____ Current Grade _____ H.S. Graduate _____ GED _____ College _____ Non Graduate _____

2.) Name _____ Social Security # _____ - _____ - _____ Tribal Affiliation _____

DOB ____/____/____ Disabled: Yes _____ No _____ **MUST PROVIDE VERIFICATION**

Monthly Gross Income \$ _____ (Proof required) How long employed or unemployed _____

Income Source _____ Current Grade _____ H.S. Graduate _____ GED _____ College _____ Non Graduate _____

3.) Name _____ Social Security # _____ - _____ - _____ Tribal Affiliation _____
DOB ____/____/____ Disabled: Yes ____ No ____ MUST PROVIDE VERIFICATION
Monthly Gross Income \$ _____ (Proof required) How long employed or unemployed _____
Income Source _____ Current Grade _____ H.S. Graduate ____ GED ____ College _____ Non Graduate ____

4.) Name _____ Social Security # _____ - _____ - _____ Tribal Affiliation _____
DOB ____/____/____ Disabled: Yes ____ No ____ MUST PROVIDE VERIFICATION
Monthly Gross Income \$ _____ (Proof required) How long employed or unemployed _____
Income Source _____ Current Grade _____ H.S. Graduate ____ GED ____ College _____ Non Graduate ____

5.) Name _____ Social Security # _____ - _____ - _____ Tribal Affiliation _____
DOB ____/____/____ Disabled: Yes ____ No ____ MUST PROVIDE VERIFICATION
Monthly Gross Income \$ _____ (Proof required) How long employed or unemployed _____
Income Source _____ Current Grade _____ H.S. Graduate ____ GED ____ College _____ Non Graduate ____

6.) Name _____ Social Security # _____ - _____ - _____ Tribal Affiliation _____
DOB ____/____/____ Disabled: Yes ____ No ____ MUST PROVIDE VERIFICATION
Monthly Gross Income \$ _____ (Proof required) How long employed or unemployed _____
Income Source _____ Current Grade _____ H.S. Graduate ____ GED ____ College _____ Non Graduate ____

What is your **primary** source of heat _____?

Please check how you would like your payment applied:

Pacific Power ____ Name on Account _____ Acct# _____ Amount ____ %
Avista Utilities ____ Name on Account _____ Acct# _____ Amount ____ %
Staub & Sons ____ Name on Account _____ Acct# _____ Amount ____ %
Amerigas ____ Name on Account _____ Acct# _____ Amount ____ %
Ezell/Suty Fuel ____ Name on Account _____ Acct# _____ Amount ____ %
Frontier Trailor ____ Name on Account _____ Acct# _____ Amount ____ %
Crater Lake Jct ____ Name on Account _____ Acct# _____ Amount ____ %
Diamond Wood Pellets ____ Name on Account _____ Amount ____ %
Wood ____ Name of Contractor _____ (See Caseworker) Amount \$150.00 a cord

Income Sources For All Adult Household Members	Definition	Check X If YES As HH Income Source	Proof of Income
Cash Gifts-Regular	Must provide regular support for an individual or for the household paid directly to the household.		Written statement from person providing support, DHI form.
Child Support	Money paid for the care of one's minor child.		Court documents, written statement from person paying support, DHI form, Reliacard statement.
Earned Income	Wages, Salaries, Commissions, Bonuses, Profit Sharing, Tips, Vacation Pay, Overtime Pay, Severance Pay, Sick Leave		Wage Stubs or statement from employer
Foster Care	Payments made to foster families. Types of foster care: Family Foster Care, Special Rate Foster Care, Family Shelter Care, Relative Foster Care, Independent Living Program		Official state and/or court documents, bank statement.
Informal Income	Income resulting from occasional sources such as yard work, child care, collection bottles/cans, donating blood and/or plasma, etc.		Receipts, DHI and/or other local agency forms.
Interest	The sum of money paid to one for the use of their money.		Bank statement (only if amount is over \$200, and is withdrawn).
Military Pay	Benefits paid to a person who is serving in a military force.		Official documents stating amount (e.g. leave and earning statement.)
Pensions	Assistance, paid at regular intervals to a person or to the person's surviving dependents in consideration of past services, age, merit, poverty, injury or loss sustained, etc.		Statement from source, bank statement
Rental Income	Income received from rental properties		Paperwork re: rental of property, receipts, bank statement, DHI form.
Retirement	A monthly payment made to someone who is retired from work.		Statement from source, bank statement
Self-Employment Income	Income from a business, less business expenses.		Agency self-employment form.
Social Security Benefits (SS,SSD,SSI)	A federally funded program of social insurance and benefits which include retirement income, disability income, and death and survivorship benefits.		Award letter or benefit verification letter, bank statement, and annual letter from Social Security Admin.
TANF	A program which provides assistance to needy families so that children may be cared for in their own homes or in a relative's home.		Documentation showing amount of assistance.
Tribal Per Capita Payments	Casino profits paid by a tribe directly		Statement from Tribe regarding payment amount.
Unemployment Insurance	An allowance of money paid to an unemployed worker by a state or federal agency.		Statement from Employment Office, check stubs.
Veterans Benefits	Benefits paid directly to a person who has served in a military force or a surviving family member.		Benefit award letter, correspondence from the VA office, benefit payment check, bank statement.
Workers Compensation	Compensation for time lost due to a work related illness or injury.		Check stubs, statement from Worker's Comp, bank statement

Release of Confidential Information

I hereby authorize the staff of the Klamath Tribes Community Services Department to exchange information with the following agencies/programs:

- Klamath Tribes Employment & Education
- Klamath Tribes Housing
- Klamath Tribes Social Services
- Klamath Tribes Health & Family Services
- KTHFS, Klamath Tribes, Kla-Mo-Ya Casino
- Klamath Adult Learning Center /KCC/OIT
- Gaming Regulatory
- State, Federal, Offices
- Pe-peep'aak Congregate
- Social Service Agencies
- Social Security Administration
- Support Enforcement
- Oregon Department of Employment
- Oregon Adult & Family Services
- Organization of Forgotten American (OFA)
- Klamath & Lake Community Action Services KLCAS
- Other Tribal Offices

Please list any other place(s) that might have information to assist in determining your eligibility to receive energy assistance or any other person/agency you authorize to receive information from the Klamath Tribes Community Service Department

1. _____
2. _____

Applicant Disclaimer

I hereby authorize the Klamath Tribes Community Service Department or its agent's access to any records in order to verify information given. I also consent to any legally authorized investigation for confirmation of information from any State, Federal offices or other agents so that I am eligible for Energy Assistance. I understand I am not entitled to benefit from the LIHEAP Program. By signing this application, I understand that if I am approved, I will be notified at a later date. If I receive assistance as a result of withholding information or by knowingly providing false or fraudulent information, I must repay the assistance and may be found guilty of fraud and fined up to \$10,000 or put in prison or both. I understand I may be entitled to a fair hearing if requested within fifteen (15) day of completed date of application or date of denial. I understand that no person may be denied assistance on the basis of race, color, sex, age, religion, national origin or political belief. I agree to all terms of this disclaimer and am allowing the Klamath Tribes Community Service Department access to my personal information to process my LIHEAP Application.

Applicant Signature _____ **Date** _____

Printed Applicant Name _____

Director Approval _____ **Date** _____