



Community Services Department
Low Income Home Energy Assistance Program (LIHEAP)
FY2020 (July 1, 2020 to September 30, 2020)
Cooling Assistance

PROGRAM ANNOUNCEMENT

Cooling assistance will begin July 2020. Eligible households may receive **\$250 - \$550 towards electric utility** (or other means of cooling assistance). There is a limited number of air conditioners available. Having a shut-off notice will NOT give you priority.

This Program is NOT funded by the CARES Act. We must comply with the regulations for LIHEAP.

PROGRAM ELIGIBILITY

- 1) Same eligibility requirements as LIHEAP Standard Assistance
- 2) At least one member of the Household must be an enrolled member of a federally recognized Tribe
- 3) Residence must be located within Klamath County, Oregon
- 4) Applicant must have a residence; cannot be homeless
- 5) Residential address on the utility bill, must match the address listed in Application
- 6) Gross Annual Income or monthly income as of March 1, 2020 (un/earned) for all Adults in the Household, cannot not exceed limits shown below.

LIHEAP FFY2020 Gross Income Limits							
HH Size	1	2	3	4	5	6	7
Annual Income	\$25,983	\$33,978	\$41,973	\$49,967	\$57,962	\$65,957	+\$1,499 / person
Monthly Income	\$2,165	\$2,831	\$3,497	\$4,163	\$4,830	\$5,496	\$124 / person

REQUIRED DOCUMENTS

- Complete/signed COOLING Application**
- Most recent Pacific Power bill (if applicable)** – We use this to ensure we have correct account number when sending the payment and making pledges.
- Updated Income** – Proof of income for the last 12 months for all Adults (18 years or older), required. If you have provided proof of income within last 30 days, not necessary.

APPLICATION SUBMISSION METHODS

EMAIL wanita.brown@klamathtribes.com
 FAX (541) 783-0994 – Attn: Wanita Brown
 DROP OFF 501 Chiloquin Blvd., Chiloquin, OR 97624 – drop box outside
 POSTAL MAIL The Klamath Tribes, Attn: Wanita Brown, PO Box 436, Chiloquin, OR 97624

**If you have any questions, please contact Wanita Brown (541) 783-2219 ext. 186.
 The Klamath Tribes, 501 S. Chiloquin Blvd., PO Box 436, Chiloquin, OR 97624 • Fax (541) 783-0994**

HOUSEHOLD INFORMATION

Names of Household Members	Relationship to You	DOB	Age	Has Income?	
1. _____	Self	_____	_____	Yes	No
2. _____	_____	_____	_____	Yes	No
3. _____	_____	_____	_____	Yes	No
4. _____	_____	_____	_____	Yes	No
5. _____	_____	_____	_____	Yes	No
6. _____	_____	_____	_____	Yes	No
7. _____	_____	_____	_____	Yes	No
8. _____	_____	_____	_____	Yes	No
9. _____	_____	_____	_____	Yes	No

Name of anyone disabled (must provide proof): _____

Name of anyone enrolled in a Tribe (must provide proof): _____

Federally recognized Tribe: _____ Roll #: _____

RESIDENCY INFORMATION

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Phone #: _____ Message #: _____

1. Describe your housing status: Rent Mortgage
 Roommate Other: _____

2. Do you live in subsidized housing? Yes No

How is it subsidized? Tribal Housing HUD
 Other: _____

Is your heat utility also subsidized? Yes No

3. Is your heat utility included in your rent? Yes No

OFFICE USE ONLY
DATE/TIME STAMP

ASSISTANCE SELECTION

Please **mark one (1)** option below, you would like assistance with:

Selection

- Air Conditioner (from Diamond Home Improvement) – limited quantity available
- Payment to electric bill only (submit a copy of your most-recent bill with application)

UPDATED INCOME

Proof of current/updated income is required for all adults (18 years of age or older). Adults who have "no income" complete "Declaration of No Income" form; Wage Printouts are NOT required.

		Adult #1	Adult #2
Income #1	Adult Name		
	Income Source		
	Amount		
	Frequency		
	Have Proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income #2	Income Source		
	Amount		
	Frequency		
	Have Proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income #3	Income Source		
	Amount		
	Frequency		
	Have Proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL ANNUAL INCOME			

What is considered income?

- Adoption Assistance
- Alimony
- Annuities
- Cash gifts – regular
- Child Support
- Contract for Deed
- Disability Insurance
- Dividends
- Earned Income (wages, salaries, bonuses)
- Foster Care Payments
- Informal Income
- Inheritance
- Interest
- Lump Sum – non-recurring (only counted in the year the funds are received)
- Lump Sum – recurring
- Military Pay
- Pensions
- Rental Income
- Retirement
- Royalties
- Self-Employment Income
- Social Security Benefits (SS, SSD)
- Supplemental Social Security Benefits (SSI)
- Strike Benefits
- Temporary Assistance for Needy Families (TANF)
- Tribal TANF
- Tribal General Assistance
- Tribal Per Capita payments from gaming revenue, land leases, or other payments subject to federal tax
- Trust Fund
- Unemployment Insurance
- Veterans Benefits
- Workers Compensation
- Work Study

**THE KLAMATH TRIBES
COMMUNITY SERVICES DEPARTMENT
DECLARATION OF NO INCOME**

Household Member's Name: _____

Relationship to LIHEAP Applicant: _____

1) Include monthly income received for the last 12 months listed below:

Jan _____ May _____ Sep _____

Feb _____ Jun _____ Oct _____

Mar _____ Jul _____ Nov _____

Apr _____ Aug _____ Dec _____

2) Describe how shelter, food, clothing, utilities, and other basic needs are met:

3) List the last place of employment and the month/year of date last worked:

I certify that the information stated is true and accurate, and by signing this form, I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature: _____

Date: _____

Legal Name: _____
(Print Full Legal Name)

RELEASE OF INFORMATION / DISCLAIMER

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

- Klamath Tribes Members Benefits / Enrollment Department
- Klamath Tribes Education & Employment
- Klamath Tribes Housing
- Klamath Tribes Social Services
- Klamath Tribal Health & Family Services
- Kla-Mo-Ya Casino
- Crater Lake Junction Travel Center
- Gaming Regulatory Commission
- Pe-peep'aak Congregate
- Klamath Tribal Courts / Child Support Enforcement Program
- Social Security Administration
- Oregon Employment Department
- Oregon Adult & Family Services
- Organization of Forgotten Americans
- Klamath & Lake Community Action Services (KLCAS)
- Oregon Department of Health & Human Services
- State, Federal and other Tribal Offices

I hereby authorize the Klamath Tribes Community Service Department staff or its agents, 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 or Tribal offices or other agents so that I am eligible for Low Income Home Energy Assistance Program (LIHEAP). I understand I am not entitled to benefit from the LIHEAP Program. By signing this application, I understand that if I am approved, I may 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.

Signature: _____

Date: _____

Printed Name: _____