Community Services Department
Low Income Home Energy Assistance Program (LIHEAP)
FY2021 (June 1, 2021 to September 30, 2021)
Cooling Assistance

PROGRAM ANNOUNCEMENT
Cooling assistance will begin June 2021. Eligible households may receive $210 - $600 towards electric utility. Having a shut-off notice will NOT give you priority.

This Program is funded by the CARES Act and will 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 on the Application
6) Gross Annual Income or monthly income as of March 1, 2021 (un/earned) for all Adults in the Household, cannot exceed limits shown below.

<table>
<thead>
<tr>
<th>HH Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Income</td>
<td>$27,806</td>
<td>$36,361</td>
<td>$44,917</td>
<td>$53,472</td>
<td>$62,028</td>
<td>$70,584</td>
<td>+$1,604 / person</td>
</tr>
<tr>
<td>Monthly Income</td>
<td>$2,317</td>
<td>$3,030</td>
<td>$3,743</td>
<td>$4,456</td>
<td>$5,169</td>
<td>$5,882</td>
<td>$134 / person</td>
</tr>
</tbody>
</table>

REQUIRED DOCUMENTS
☐ Complete/signed COOLING Application
☐ Most recent Pacific Power bill – 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

<table>
<thead>
<tr>
<th>Names of Household Members</th>
<th>Relationship to You</th>
<th>DOB</th>
<th>Age</th>
<th>Has Income?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ________________________</td>
<td>Self</td>
<td>____</td>
<td>____</td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>2. ________________________</td>
<td></td>
<td>_____</td>
<td></td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>3. ________________________</td>
<td></td>
<td>_____</td>
<td></td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>4. ________________________</td>
<td></td>
<td>_____</td>
<td></td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>5. ________________________</td>
<td></td>
<td>_____</td>
<td></td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>6. ________________________</td>
<td></td>
<td>_____</td>
<td></td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>7. ________________________</td>
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<td>_____</td>
<td></td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>8. ________________________</td>
<td></td>
<td>_____</td>
<td></td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>9. ________________________</td>
<td></td>
<td>_____</td>
<td></td>
<td>☐Yes ☐No</td>
</tr>
</tbody>
</table>

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 electric utility also subsidized? ☐ Yes ☐ No

3. Is your electric utility included in your rent? ☐ Yes ☐ No
**REQUIRED DOCUMENTS**

- Submit a copy of household’s federally enrolled member’s valid, current tribal id or enrollment verification.
- Submit a copy of the applicant’s most recent Pacific Power bill which includes the name and address of the applicant.

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**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.

<table>
<thead>
<tr>
<th>Adult Name</th>
<th>Adult #1</th>
<th>Adult #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have Proof?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

| Income Source | | |
| Amount | | |
| Frequency | | |
| Have Proof? | ☐ Yes ☐ No | ☐ Yes ☐ No |

| Income Source | | |
| Amount | | |
| Frequency | | |
| Have Proof? | ☐ Yes ☐ No | ☐ Yes ☐ No |

**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
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: ___________________________