



Community Services Department
 Low Income Home Energy Assistance Program (LIHEAP)
 FY2023 (October 1, 2022 to September 30, 2023)
Standard Heating Assistance

START DATES ELIGIBLE HOUSEHOLDS

- October 1st *Elders* and those *disabled* (must be a documented disability), may begin submitting applications beginning Sept 27th. An appointment is not required.
- November 2nd *All other households* may apply for assistance. Households may start Emailing or Mail, Fax their Applications the week of October 18.

REQUIRED DOCUMENTATION

- Complete Application.** Application for current federal fiscal year, must be signed.
- Social Security Cards(s) for all household members.** Valid copies from previous years' applications may be used.
- Photo ID for all Adults.** State, Federal, and most Tribal ID's are valid, cannot be expired.
- Proof of Tribal Enrollment in a federally recognized Tribe for at least one member.**
- Annual income for all Adults.** Proof of income is required. Those with no income must submit "Declaration of No Income" form with the application.
- Klamath County Area Only**

LIHEAP FFY2023 Gross Income Limits (60% of OR SMI; before taxes)										
HH Size	1	2	3	4	5	6	7	8	9	10+
Annual Income	\$31,265	\$40,885	\$50,505	\$60,126	\$69,746	\$79,366	\$88,986	\$98,606	\$108,226	+\$9,620/person
Monthly Income	\$2,605.42	\$3,407.08	\$4,208.75	\$5,010.50	\$5,812.17	\$6,613.83	\$7,415.50	\$8,217.17	\$9,018.83	\$801.67/person

- Heat Source Documentation.** Utility bills must be dated within 60 days of appointment. Account cannot be in collections. Bill must match Applicant's residential address.

All applicants must appear in person to sign intake forms. For appointment scheduling, contact Rachel Miller at 541-783-2219 ext. 174 To submit an application wanita.brown@klamathtribes.com

Fax (541) 783-0994 – Attn: Wanita Brown

Mail The Klamath Tribes, Attn: Wanita Brown, PO Box 436, Chiloquin, OR 97624

You do NOT need a shut-off notice to receive Standard Assistance!

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	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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

HOME ENERGY SELECTION

Please mark 1 or 2, home energy types you would like assistance with. For any utility you are seeking assistance with, you must **bring a bill dated within last 60 days** to your appointment.

Selection	Vendor	Account #
<input type="checkbox"/> Firewood (\$175/cord)	<input type="checkbox"/> 1 cord <input type="checkbox"/> 2 cords	N/A
<input type="checkbox"/> Electric Bill (Pacific Power)	_____	_____
<input type="checkbox"/> Natural Gas Bill (Avista)	_____	_____
<input type="checkbox"/> Liquid Gas (Propane)	_____	_____
<input type="checkbox"/> Heating Oil	_____	_____
<input type="checkbox"/> Pellets	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

If the utility bill, is NOT in the Applicant's name, what is the reason? _____

DIRECT PAY FOR FIREWOOD DISCLOSURE

If you select firewood, the Department will process a check for the number of cords you selected multiplied by \$175. Proof of purchase (a receipt) is due within 60 days of the check acceptance. An Elder or someone disabled may choose a trusted friend or family member to buy the firewood for them. **If funds are lost, stolen, or misused they will not be replaced.**

- Who will be responsible to buy firewood? Applicant Trusted friend/family member
- Please write the name of the individual as it appears on a photo ID (to cash the check):
First Name: _____ MI: _____ Last Name: _____

HOUSEHOLD CHARACTERISTICS

Mark with an "X" if anyone in the household receives any of the following, this section will not affect your Energy Assistance; we use this to provide demographics of the clients we serve.

- | | | |
|---|---|---|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> TANF Child Care | <input type="checkbox"/> Other Source |
| <input type="checkbox"/> VA Med Service | <input type="checkbox"/> Other Health Ins | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Public Rental Assist | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other TANF |
| <input type="checkbox"/> Oregon Health Plan | <input type="checkbox"/> TANF Trans | <input type="checkbox"/> Temp Rental Assist |

HOUSEHOLD INCOME

If you have income, all Adults (18 years of age or older, not enrolled in High School or GED Program) must submit proof of income. Submit current check stubs (dated within last 30 days), SS award letters, benefit letters, etc. with your application. **Adults with no income are encouraged to obtain a Wage Printout.** Wage Printouts are available from the Employment Office, at 801 Oak Ave., Klamath Falls, OR - (541) 883-5630.

Except for social security benefits, bank statements are no longer valid proof of income for wages earned, due to the following reasons: (1) Bank statements show net earnings, they do not show gross earnings, and (2) an individual's source of income may be split in more than one bank account, and therefore a bank statement may not provide accurate total earnings.

		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:

Month 1 _____	Month 5 _____	Month 9 _____
Month 2 _____	Month 6 _____	Month 10 _____
Month 3 _____	Month 7 _____	Month 11 _____
Month 4 _____	Month 8 _____	Month 12 _____

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)

You may go to the Employment Office to request a "Wage Printout" to include with this form. Office is located at 801 Oak Avenue, Klamath Falls, OR 97601 (541) 883-5630. Ext 4570

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 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
- Klamath Tribes Members Benefits/Enrollment Department
- 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: _____