



**Community Services Department**  
**Low Income Home Energy Assistance Program (LIHEAP)**  
**FY2023 (June 1, 2023 to September 30, 2023)**  
**Cooling Assistance**

**PROGRAM ANNOUNCEMENT**

Cooling assistance will begin June 1, 2023. Eligible households can receive payment towards **electric utility bills only**. Having a shut-off notice will not make the application a priority.

**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 October 1, 2022 (un/earned) for all Adults in the Household, cannot exceed limits shown below.

**LIHEAP FFY 60% of State Median Income (SMI) Eligibility Guidelines (LIHEAP-IM-2023-02)**

HH Size	1	2	3	4	5	6	7	8	9	10	11	12
Annual Income	\$33,426	\$43,711	\$53,996	\$64,281	\$74,565	\$84,850	\$86,779	\$88,708	\$90,636	\$96,421	\$94,493	\$96,421
Monthly Income	\$2,786	\$3,643	\$4,500	\$5,357	\$6,214	\$7,701	\$7,232	\$7,392	\$7,530	\$8,035	\$8,183	\$8,350

**REQUIRED DOCUMENTS**

- ☐ **Complete and sign COOLING Application** (unsigned applications will cause a delay in determination)
- ☐ **Most recent Pacific Power bill**– Power bill is used to ensure we have correct account number when sending the payment and making pledges.
- ☐ **Proof of Income** – New Applicants will need to provide proof of income for all adults 18 and over in household. LIHEAP applicants approved for standard heating in 2023 only need to verify income has not changed since last 2023 application.

**APPLICATION SUBMISSION METHODS**

EMAIL [wanita.brown@klamathtribes.com](mailto:wanita.brown@klamathtribes.com)  
FAX (541) 783-0994 – Attn: Wanita Brown  
APPOINTMENTS Call Rachel Miller 541-783-2219 x 174  
POSTAL MAIL The Klamath Tribes, Attn: Wanita Brown, PO Box 436, Chiloquin, OR 97624

**To receive assistance, you must make an appointment. Call 541-783-2219 x 174**

## HOUSEHOLD INFORMATION

Names of Household Members	Relationship to You	DOB	Age	Has Income?
1. _____	<b>Self</b> _____	_____	_____	<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 electric utility also subsidized? ☐ Yes ☐ No

3 Is your electric utility included in your rent? ☐ Yes ☐ No

**OFFICE USE ONLY**  
DATE/TIME STAMP



## REQUIRED DOCUMENTS

- If application is new submit a copy of household's valid, current tribal ID or enrollment verification from the Enrollment office.
- Submit a copy of the applicant's most recent Pacific Power bill which includes the name and address of the applicant.

### UPDATED INCOME

Proof of current/updated income is required for all adults (18 years of age or older). Adults who have "no income" must complete "Declaration of No Income" form; Wage Printouts are required.

#### 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 18+ payments from gaming revenue, land leases, or other payments subject to federal tax
- Trust Fund
- Unemployment Insurance
- Veterans Benefits
- Workers Compensation
- Work Study

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

**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) days 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: \_\_\_\_\_