



**Community Services Department**  
**Low Income Home Energy Assistance Program (LIHEAP)**  
**Program Year 2024 (October 1, 2023 to September 30, 2024)**  
**Standard Heating Assistance**

**START DATES**    **ELIGIBLE HOUSEHOLDS**

October 1<sup>st</sup>    Elders and those disabled (must be a documented disability), may begin submitting applications beginning Sept 23rd. An appointment is not required but is recommended.

November 2nd    All other households may apply for assistance. Appointments can be made beginning October 25th. Completed Application must be brought to the appointment.

**Appointments must be made with Rachel Miller at 541-783-2219, ext. 174**

**REQUIRED DOCUMENTATION**

- ☐ The PY 2024 Application must be completed and signed by Head of Household.
- ☐ Social Security Cards(s) for all household members. Valid copies from previous years' applications may be used.
- ☐ Current unexpired State or Federal Photo ID, or Tribal ID with picture and roll number.
- ☐ Proof of Tribal Enrollment in a federally recognized Tribe for at least one member.
- ☐ Current check stub/Award letter for all Adults. Proof of income is required. Those with no income must submit "Declaration of No Income" form with the application.
- ☐ Must reside in Klamath County.

**LIHEAP FFY2024 Gross Income Limits (60% of OR SMI; before taxes)**

HH Size	1	2	3	4	5	6	7	8	9	10
Annual Income	\$33,426	\$43,711	\$53,996	\$64,281	\$74,565	\$84,850	\$86,779	\$88,708	\$90,636	\$92,564

- ☐ **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.

**For LIHEAP questions or income eligibility contact Wanita Brown at:**

Email        [joe.mike@klamathtribes.com](mailto:joe.mike@klamathtribes.com); telephone: 541-783-2219 ext. 186

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 Heating Assistance.**

**If you are more than 15 minutes late for your appointment, you will be asked to reschedule.**

### 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 #: \_\_\_\_\_

### RESIDENT 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: _____	_____	_____

The utility bill must be in the name of the Applicant or another Adult 18 and over who is listed on this application and is living in the household.

### 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.

Medical /Insurance	Housing	Income/Benefits
<input type="checkbox"/> KTHFS Clinic	<input type="checkbox"/> Tribal Housing Assist.	<input type="checkbox"/> TANF (Tribal)
<input type="checkbox"/> Oregon Health Plan	<input type="checkbox"/> State Housing Assist.	<input type="checkbox"/> ANF (State)
<input type="checkbox"/> Medicare	<input type="checkbox"/> Public Rental Assist.	<input type="checkbox"/> General Assistance
<input type="checkbox"/> VA Medial Service	<input type="checkbox"/> Temporary Rental Assist.	<input type="checkbox"/> Commodities
<input type="checkbox"/> Other Medical Ins.	<input type="checkbox"/> Own/buying	<input type="checkbox"/> SNAP      WIC

## HOUSEHOLD 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 stub (dated within last 30 days), Social Security 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. Ext. 4570. **Self-Employed must provide their 2023 Income Tax Statements** as a form of income. **Bank statements will not be accepted as a form valid proof of income.**

Have you had Weatherization assistance done on your home in the last 5 years? Yes, When \_\_\_\_\_, No. If no, would you like an application? Yes \_\_\_\_\_ No \_\_\_\_\_

		Adult #1	Adult #2
	Adult Name		
Income #1	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
	<b>TOTAL ANNUAL INCOME</b>		

### Examples of 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)
- Temporary Assistance for Needy Families (TANF)
- Tribal TANF
- Tribal General Assistance
- Tribal Per Capita 18/over, 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)

**Please go to the Employment Office at  
801 Oak Avenue, Klamath Falls, OR 97601 to get a wage printout statement  
541-883-5630 Ext. 2 M-F 8:30 -5:30**

## **RELEASE OF INFORMATION / DISCLAIMER**

I hereby authorize the staff of the Klamath Tribes Community Services Department to exchange and request 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 Facility
- Klamath Tribal Courts / Child Support Enforcement Program
- Klamath Tribes Members Benefits/Enrollment Department
- Klamath Tribes Commodity 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: \_\_\_\_\_