

Community Services Department

Low Income Home Energy Assistance Program (LIHEAP) Program Year 2025-2026 (October 1, 2025 to September 30, 2026)

Standard Heating Assistance

Start Dates	Eligible Households (<u>Please bring completed applications to your appointment</u>)
October 1 st	<u>Elders</u> and those <u>disabled</u> (must be a documented disability), may begin submitting applications beginning Sept 22 nd 2025
November 3rd	<u>All other Households</u> may apply for assistance. Appointments can be made starting October 20th 2025

To schedule an appointment, please contact Community Services at 541-783-2219
If we are unavailable, please leave a detailed message

Required Documentation *Starting in Winter 2025 unreadable documentation will need to be replaced as needed*

- ☐ Application must be completed and signed by the Head of Household.
- ☐ Social Security Cards(s) for all household members. Valid copies from previous year's applications may be used as long as they are legible.
- ☐ 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
- ☐ Heat Source Documentation. Utility bills must be dated within 60 days of appointment. Bill must match Applicant's residential address.

60% of State Median Income by Household Size, Federal Fiscal Year 2026-Source HHS						
HH Size	1	2	3	4	5	6
Annual Gross Income	\$38,384.00	\$51,194.00	\$62,005.00	\$73,816.00	\$85,626.00	\$97,437.00
Monthly Gross Income	\$ 3,198.67	\$ 4,266.17	\$ 5,167.08	\$ 6,151.33	\$ 7,135.50	\$ 8,119.75

For LIHEAP questions or income eligibility questions please contact Shari Brown at:

Email Shari.brown@klamathtribes.com
Telephone 541.783.2219 ext. 186
Mail The Klamath Tribes, Atten Shari Brown, P.O. Box 436, Chiloquin OR 97624

LIHEAP Applications can be picked up and dropped/scanned at:

Chiloquin: Tribal Administration Bldg.
Community Service Office
501 S Chiloquin Blvd
Klamath Falls: Klamath Tribes
Commodities Office
2200 S. 6th Street

HOUSEHOLD INFORMATION

Names of Household Members	Relationship to You	Social Security Numbers	DOB	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

Does any member of the household have a documented disability ☐ Yes ☐ No

If Yes who (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

Other: _____

2. Do you live in subsidized housing? ☐ Yes ☐ No

(if Yes) How is it subsidized? ☐ Tribal Housing ☐ HUD

☐ Other: _____

3. Is your electric utility also subsidized? ☐ Yes ☐ No

4. Is your electric utility included in your rent? ☐ Yes ☐ No

OFFICE USE ONLY

DATE/TIME STAMP

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,
- (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.

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

		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
	TOTAL ANNUAL INCOME		



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 the last 60 days to your appointment.

Selection	Vendor	Account #
<input type="checkbox"/> Firewood 1 Cord	_____	_____
<input type="checkbox"/> Firewood 2 Cord	_____	_____
<input type="checkbox"/> Electric Bill	Pacific Power	_____
<input type="checkbox"/> Natural Gas	Avista	_____
<input type="checkbox"/> Heating Oil	Ed Staub	_____
<input type="checkbox"/> Gas	_____	_____
<input type="checkbox"/> Pellets	Diamond Home	_____
<input type="checkbox"/> Other: _____	_____	_____

DIRECT PAY FOR FIREWOOD DISCLOSURE

If you select firewood, the Department will process a check for the number of cords you selected on page 2. Proof of purchase (attached below, with Wood Cutter name, address, telephone number, amount of wood, and price must be signed by the Elder and Woodcutter) is due by 12/31/2024. An Elder 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. Receipts must be turned in to get next year's assistance.**

Who will be responsible to buy firewood? ☐ Elder ☐ 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: _____

Continue on next page

SIGNATURE DISCLAIMER

As a Klamath Tribal Elder, or the Elder's representative, I hereby certify I have completed all sections of the application truthfully, honestly, and to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

If purchasing wood return this provide receipt



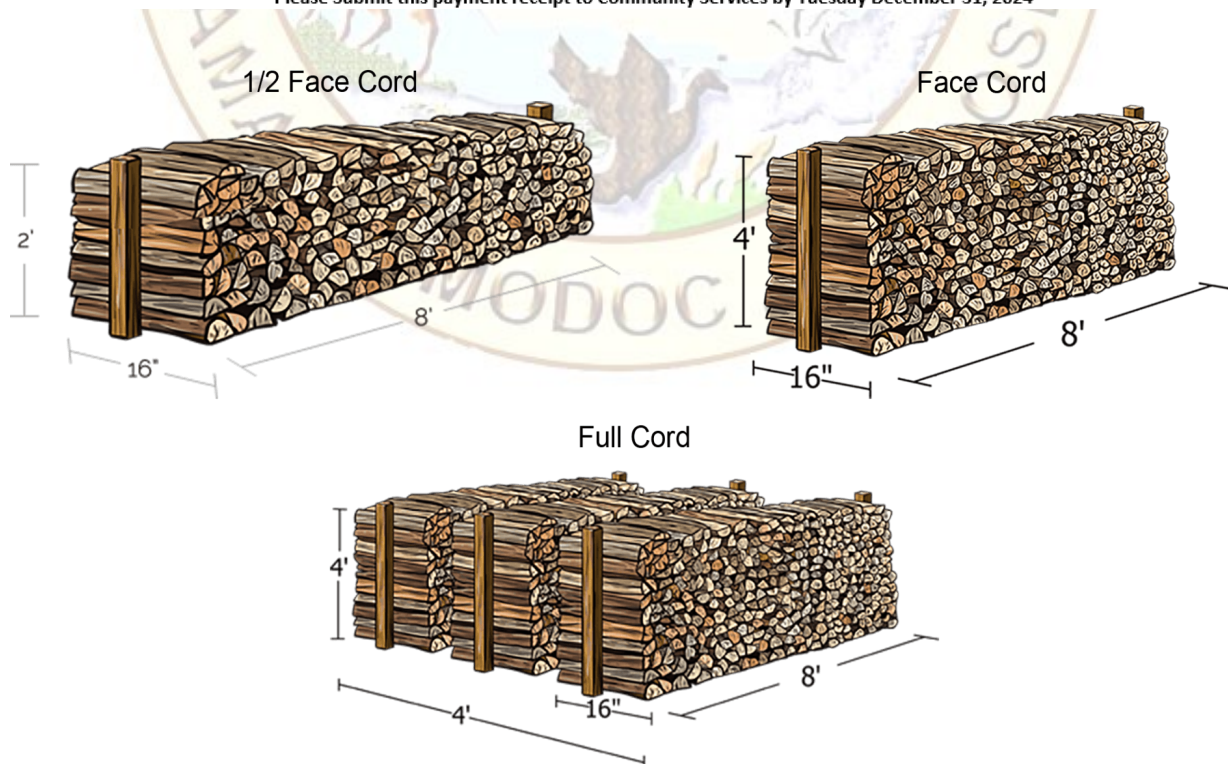
Wood Provided by (Print Name): _____ Wood Delivered To (Print Name): _____

Woodcutter Address: _____ Delivered to Address: _____

Woodcutter Signature: _____ Recipient Signature: _____

Dollar Amount Received:\$ _____ Date _____

**Please Submit this payment receipt to Community Services by Tuesday December 31, 2024*





THE KLAMATH TRIBES
COMMUNITY SERVICE 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:

a. If NONE check here ☐ (If checked you must have the employment office provide you a wage print out)

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:

_____ Month _____ Year _____

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

Social Security Administration

Klamath Tribes Housing

Oregon Employment Department

Klamath Tribes Social

Oregon Adult & Family Services

Klamath Tribal Health & Family Services

Organization of Forgotten Americans

Kia-Mo-Ya Casino

Klamath & Lake Community Action

Crater Lake Junction Travel Center

Services (KLCAS)

Gaming Regulatory Commission

Oregon Department of Health & Human

Pe-peep'aak Congregate Facility

Services

Klamath Tribal Courts I Child Support

State, Federal and, other Tribal Offices

Enforcement Program

Klamath Tribes Members

Benefits/Enrollment Department

Klamath Tribes Commodity Program

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 me 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: _____