LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
APPLICATION CHECK LIST

The following documents are needed to complete your LIHEAP Application

___ Certificate Degree of Indian Blood (CDIB)
For person making application – Must be enrolled with the Comanche Nation
and must be Head of Household.

___ Social Security Number(s) for all in household

___ Verification of ALL Household Income:
Employment Income for the past 30 days: SSI, TANF,
Social Security, Workman’s Compensation,
Unemployment Compensation, Veteran’s Benefits, etc.

___ Signed Unemployment Affidavit for ALL persons in household, 18 yrs.
and older.

___ Notarized Self-Employment Affidavit
(For any person in household who is Self-Employed-
MUST BE NOTARIZED)

___ Copy of Bill for which you are requesting assistance

I understand I must have all of the required documents with my application before my application will begin the
review process.

I also understand I must submit all required documents within two weeks from date of application; if all is not
submitted, my application will be incomplete and closed.

Applicant Signature ___________________ Date ________________
Comanche Nation
Low Income Home Energy Assistance Program (LIHEAP)

Date of Application: ___________________  Date Application Completed: ___________________

Comanche Tribal Enrollment Number: ___________________  LIHEAP Case #: ___________________

(must have copy of CDIB with application)

IDENTIFYING INFORMATION
Name: ___________________  Maiden Name: ___________________
Address: ___________________  City: ___________________  County: ___________________  Zip: ___________________
Date of Birth: ________________  SSN: ________________  Phone #: ________________

LIST ALL HOUSEHOLD MEMBERS (EXCLUDING APPLICANT)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>SS#</th>
<th>Tribe</th>
<th>Relationship</th>
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SHELTER INFORMATION

Type of Residence:  [ ] Own  [ ] Rent  [ ] Other: Specify ___________________

How many bedrooms does your residence have?

[ ] 1 Bedroom  [ ] 2 Bedroom  [ ] 3 Bedroom  [ ] 4 or more Bedrooms

Do you pay your own heating costs?  [ ] Yes  [ ] No

If you rent, are your utility costs (bill) included with the rent?  [ ] Yes  [ ] No

Do you pay your own heating costs (bill) separately?  [ ] Yes  [ ] No
INDICATE YOUR PRIMARY SOURCE OF HEATING USED IN THE HOME:
[ ] Natural Gas  [ ] Propane  [ ] Electric
Name of Supplier: ____________________________ Telephone: ____________________________
Address: ____________________________ City: ____________________________ State: ______ Zip: ______
Amount Owed: ____________________________ Due Date: ____________________________

INCOME (for ALL household members)

A. Earned Income: List income from employment including self-employment before deductions for all household members. Verification must be submitted.

<table>
<thead>
<tr>
<th>Amount of Monthly Income</th>
<th>Name of Employer</th>
<th>Date Received</th>
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Total Amt Earned: ____________________________

B. Other Income Received: TANF, Social Security, Veteran’s Benefits, Worker’s Compensation, Child Support, SSI, Retirement, Etc. Verification must be submitted.

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<th>Amount Received</th>
<th>Source</th>
<th>Date Received</th>
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Total Amt. Received: ____________________________

Total number in household: ____________________________

Total Monthly Income (A + B): ____________________________

Liquid Resources:
Do you or any member of your household have any cash on hand or deposited in a bank, savings and loan company, credit union, etc.? [ ] Yes   [ ] No

Name of Institution: ____________________________ Address: ____________________________

Type: ____________________________ Amount: ____________________________
CLIENTS STATEMENT OF RIGHTS AND RESPONSIBILITIES:

I hereby authorize the Comanche Nation to make any necessary investigation as to my financial situation and other conditions relating to my possible eligibility. I understand that giving the Comanche Nation Social Services Department false or misleading information will make me ineligible for future assistance. I understand that I have the right to a fair hearing of any action taken by the Comanche Tribe, which I consider improper, and also, any unreasonable delay in decision. Requests for a fair hearing may be made in person or handwritten to the Comanche Tribe Social Services Office.

__________________________________________  ____________
Signature of Applicant Date

__________________________________________  ____________
Social Services Representative Title Date

******************************************************************************************
FOR DEPARTMENTAL USE ONLY:

__________________________________________
Date of Verification of DHS LIHEAP:

Name of Person spoken with: ____________________________ Employee Initials: ______

__________________________________________
Date of Verification Tribal LIHEAP Program:

Name of Person spoken with: ____________________________ Employee Initials: ______

Application Approved: [ ] Yes [ ] No Supervisor’s Initials: _____ (Verification of review/approval of application)

Eligible Amount: ___________ Amount Approved: ___________

☐ Cooling ☐ Winter/year round crisis ☐ Heating ☐ Summer Crisis

Reason for Denial: __________________________________________________________

__________________________________________
Date Utility Company was notified via telephone of Client Eligibility:

Name of Person Spoken To: ____________________________ Employee Initial: ______

__________________________________________
Date Letter of Commitment FAXED to Utility Company: ____________ Employee Initial: ______

__________________________________________
Date Applicant was notified of decision regarding application: ____________ Employee Initial: ______

LIHEAP FY09 Application  A
Rev. 9/22/2008
Comanche Nation
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Declaration of Income Eligibility.

CASE NAME: ____________________________________________

CASE NUMBER: __________________________________________

The size of my household is _____ and my total household monthly gross income is _________.

I certify that I meet the income guidelines of the Low Income Home Energy Assistance Program as listed below.

I have been informed that any person who knowingly, willfully and frequently provides false information for the purpose of obtaining benefits which he/she is ineligible to receive may be subject to prosecution to the fullest extent of the appropriate state or federal stature.

Client Signature ____________________________ Date _____________

Concur: [ ] Yes ____________________________ [ ] No  Social Services Representative ____________________________ Date _____________

SIZE OF FAMILY UNIT  MONTHLY  ANNUAL

1  $1,300  $15,600
2  $1,750  $21,000
3  $2,200  $26,400
4  $2,650  $31,800
5  $3,100  $37,200
6  $3,550  $42,600
7  $4,000  $48,000
8  $4,450  $53,400

For family units with more than 8 members, add $5,400 for each additional family member.
Comanche Nation
Low Income Home Energy Assistance Program (LIHEAP)
UNEMPLOYMENT & PUBLIC ASSISTANCE AFFIDAVIT
(All adults 18 yrs. older must sign)

CASE #: _______________________________ CASE NAME: _______________________________

I, _________________________________, do hereby certify that I am not presently employed or
(replace name)
Receiving any salary/wages or income from any source or Public Assistance such as SSI, Social Security,
Workmen’s Compensation, Unemployment Benefits, TANF, or Veteran’s Benefits.

Applicant’s Signature and/or
Adult Household Member Signature

Date

Social Services Representative

Date

LIHEAP FY09 Application
Rev. 9/22/2008