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| **Low Income Home Energy Assistance Program (LIHEAP) Benefit Matrix - Federal Fiscal Year 2019 (OCTOBER 1, 2018 - SEPTEMBER 30, 2019)** |
| *BASED ON 60% of Oklahoma's State Median Income Estimates*  |
| **60% of FY 2018 State Median Income (Annual Maximum Allowable)** | **Household Size** | **Monthly Maximum Allowable** |
| $21,283 | 1 | $1,773.35 |
| $27,831 | 2 | $2,319.25 |
| $34,380 | 3 | $2,865.00 |
| $40,928 | 4 | $3,410.67 |
| $47,476 | 5 | $3,956.33 |
| $54,025 | 6 | $4,502.08 |
| $55,253 | 7 | $4,604.41 |
| $56,481 | 8 | $4,706.75 |
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| **XYZ Tribe (This must be CHANGED)** |

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 Income level points

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| LEVEL 1 |  8 |
| LEVEL 2 |  6 |
| LEVEL 3 |  4 |

 Points for Fuel type:

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| Propane |  10 |
| Electric |  6 |
| Natural Gas |  5 |
| Firewood/Coal/Kerosene\* |  3 |

* Firewood/Coal/Kerosene Clients: If you heat your home with firewood, you are eligible for two (2) cords per season, or you

may opt for an electric benefit

 Vulnerability Population Points

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| Elderly in the household (60 years or older) |  2  |
| Young child (5 years or younger) |  2 |
| Disabled in the household |  2 |

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| **Household Size** | **1 PERSON** |   |   |
| **Income Level** | LEVEL 1 | $0.00 | $567.47 |
| **Income Level** | LEVEL 2 | $567.48 | $1,152.68 |
| **Income Level** | LEVEL 3 | $1,152.69 | $1,773.35 |
| **Household Size** | **2 PERSONS** |   |   |
| **Income Level** | LEVEL 1 | $0.00 | $742.16 |
| **Income Level** | LEVEL 2 | $742.17 | $1,507.51 |
| **Income Level** | LEVEL 3 | $1,507.52 | $2,319.25 |
| **Household Size** | **3 PERSONS** |   |   |
| **Income Level** | LEVEL 1 | $0.00 | $916.80 |
| **Income Level** | LEVEL 2 | $916.81 | $1,862.25 |
| **Income Level** | LEVEL 3 | $1,862.26 | $2,865.00 |
| **Household Size** | **4 PERSONS** |   |   |
| **Income Level** | LEVEL 1 | $0.00 | $1,091.41 |
| **Income Level** | LEVEL 2 | $1,091.42 | $2,216.94 |
| **Income Level** | LEVEL 3 | $2,216.95 | $3,410.67 |
| **Household Size** | **5 PERSONS** |   |   |
| **Income Level** | LEVEL 1 | $0.00 | $1,266.03 |
| **Income Level** | LEVEL 2 | $1,266.04 | $2,571.61 |
| **Income Level** | LEVEL 3 | $2,571.62 | $3,956.33 |
| **Household Size** | **6 PERSONS** |   |   |
| **Income Level** | LEVEL 1 | $0.00 | $1,440.67 |
| **Income Level** | LEVEL 2 | $1,440.68 | $2,926.35 |
| **Income Level** | LEVEL 3 | $2,926.36 | $4,502.08 |
| **Household Size** | 7 PERSONS |   |   |
| **Income Level** | LEVEL 1 | $0.00 | $1,473.41 |
| **Income Level** | LEVEL 2 | $1,473.42 | $2,992.87 |
| **Income Level** | LEVEL 3 | $2,992.88 | $4,604.41 |
| **Household Size** | 8 PERSONS |   |   |
| **Income Level** | LEVEL 1 | $0.00 | $1,506.16 |
| **Income Level** | LEVEL 2 | $1,506.17 | $3,059.39 |
| **Income Level** | LEVEL 3 | $3,059.40 | $4,706.75 |

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| Bi- weekly: Multiply bi-weekly earnings x 26 pay periods = $ \_\_\_\_\_\_\_\_\_per year, then divide By 12 to get monthly earnings.Weekly: Earnings x 52 pay periods = $ \_\_\_\_\_\_\_\_, then divide by 12 to get weekly earnings. Bi-Monthly: Multiply 2 (checks) x 24 pay periods = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year, then divide By 12 to get monthly earnings.   |

**CHECK LIST (DOCUMENTATION REQUIRED:**

√ Proof of Indian Descent (CDIB or Tribal membership Card, any tribe)

√ Proof of Income by every person in the home (Copy of employer check or check stubs, bank statement, LIHEAP income verification form signed by employer, copy of award letter from social Security, DHS, VA, etc.)

√ If disabled, provide documentation of disability. (doctor’s statement, disability check SSI award letter.)

√ Copy of social Security cards for each household member

√ Copy of the bill from the utility company you need payment sent to. **MUST** have account number, billing/physical

Address. ***NOTE:*** To avoid service termination, applicants must keep bills paid until **LIHEAP** determines eligibility and processes payment. Client will receive a letter from **LIHEAP** via Mail.

**POINT VALUE =**  $25.00 per point

Total point ***may not exceed*** 20 - for a maximum benefit amount of $500.00 with the exception of Propane, when the maximum benefit may be the required minimum delivery amount. This must be verified with the vendor in writing.

**MAXIMUM BENEFIT LEVEL LPER HOUSEHOLD** – to be determined with reference to the **POINT MATRIX FORMULA**.

When the maximum benefit amount may be adjusted based on the Tribe’s total **LIHEAP** grant allocation amount and the number of applications remaining a the end of the season.

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| FOR OFFICE USE ONLY:Applicant’s name / Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Household monthly earned and unearned income equals: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household Size: \_\_\_\_\_\_\_\_\_Vulnerable Population Points: \_\_\_\_\_ Total Point: \_\_\_\_\_ LIHEAP Benefit amount: $ \_\_\_\_\_\_\_\_\_\_\_□ Supporting Documentation Attached□ Approved □ Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STAFF NAME DATE |

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