

**MIAMI TRIBE OF OKLAHOMA HOUSING DEPARTMENT  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM APPLICATION**

**MIAMI TRIBE USE ONLY:**

DATE REC'D \_\_\_\_\_ TIME REC'D \_\_\_\_\_ INT'LS \_\_\_\_\_

The following information is required for **ALL** household members in order to determine eligibility for assistance:

- Tribal Enrollment Card(s)     Social Security Card(s)     Drivers License(s)     Income Verification

**Please note that you must live within the 50 mile radius of Tribal Head Quarters.  
INCOMPLETE APPLICATIONS WILL BE MADE INACTIVE.**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status:  Married     Divorced     Single     Separated     Widow(er)     Domestic Partner

Tribal Affiliation:    Head:     Miami     Other: \_\_\_\_\_

Co-Head:     Miami     Other: \_\_\_\_\_

Dependents:     Miami     Other: \_\_\_\_\_

**FAMILY COMPOSITION:** List all persons residing in your home.

Name: First, Last	Relationship	SS #	DOB	M/F	Disabled Y/N	Tribal Y/N	Child Y/N

**EMPLOYMENT VERIFICATION:** For all members of household 18 years or older.

Household Member	Place of Employment	Supervisor Name	Contact Number

**VERIFICATION OF EMPLOYMENT**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant/Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

The individual named above has obtained or is attempting to obtain housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be or remain eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response, if you have any questions please feel free to contact our office. Thank you for your cooperation.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ (employer) to release the information requested below regarding my employment and compensation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY EMPLOYER:**

1. Date began Employment \_\_\_\_\_ Position/Occupation \_\_\_\_\_
2. Current Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, etc)
3. Current Rate of Overtime Pay \$ \_\_\_\_\_ per \_\_\_\_\_
4. Number of hours per week employee normally works \_\_\_\_\_
5. Anticipated average amount of overtime per week \_\_\_\_\_
6. If the employee's work is seasonal or sporadic, indicate lay-off periods \_\_\_\_\_

I Certify that the preceding information is true and correct:

\_\_\_\_\_  
Name of Company Official

\_\_\_\_\_  
Title of Company Official

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**HOUSEHOLD INCOME:** For all members of household 18 years or older.

**Income Guide Line**

Family of	1	2	3	4	5	6
	\$19,326	\$25,272	\$31,219	\$37,165	\$43,111	\$49,058

Examples of Income are as follows:

- Wages/Salaries
- Commissions
- Employment Bonuses
- Sick Leave Pay
- Disability Pay
- Tips
- Lease Money
- Per Capita
- Unemployment
- SSI
- Retirement
- Pensions
- Workmen’s Comp
- Union Comp
- Child Support
- Alimony
- Inheritances
- Interest & Dividends
- Self- Employment
- IIM Accounts

Name	Monthly Amount	Source

Total Household Monthly Net Income: \$ \_\_\_\_\_

Total Yearly Income: \$ \_\_\_\_\_

**EXPENSE INFORMATION:** Please fill out in its entirety – estimate on a monthly basis.

Mortgage/Rent: \$	Home Phone:\$	Car Payment: \$	Child Care: \$
Home Insurance: \$	Cell Phone: \$	Car Payment: \$	Entertainment: \$
Real Estate Taxes: \$	Cable: \$	Gas & Oil: \$	Credit Card: \$
Gas:\$	Internet: \$	Repairs & Tires: \$	Credit Card:\$
Water: \$	Groceries: \$	Auto Insurance: \$	Loan: \$
Electric: \$	Adult Clothing: \$	Life Insurance: \$	Other: \$
Trash: \$	Children Clothing: \$	Health Insurance: \$	Other: \$

**LANDLORD/MORTGAGE COMPANY INFORMATION:**

	Name	Mailing Address	Phone Number	How Long
Current				
Previous				
Previous				

**HOME ENERGY NEEDS:**

Identify Heating/Cooling Source:  Wood  Electric  Natural Gas  Propane Other: \_\_\_\_\_

What is the size of your home? \_\_\_\_\_ Sq. ft. Or \_\_\_\_\_ bedrooms Do you own or rent?  Own  Rent

Are heating/cooling expenses included in your rent?  Yes  No

**ELECTRIC COMPANY INFORMATION:**

Vendor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name Utilities are currently listed: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**PROPANE COMPANY INFORMATION:**

Vendor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name Utilities are currently listed: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Have you received assistance in the last year?  Yes  No

If yes, what services did you receive? \_\_\_\_\_

If yes, from whom did you receive services? \_\_\_\_\_

Are you receiving?  SSI  TANF  Food Stamps  Commodities  Veteran's Benefits  GA

If yes, how much money has your household received this month? \$ \_\_\_\_\_

How much money does your household expect to receive this month? \$ \_\_\_\_\_

Do you presently stay in a shelter, halfway house, or temporarily in another person's home?  Yes  No

Are you a seasonal or migrant farm worker?  Yes  No

**Reason/cause for needing assistance?** \_\_\_\_\_

*I declare the information above is true and correct and that I will cooperate with Tribal and Federal officials should my application become part of a quality control audit review. I understand the LIHEAP is federally funded and the penalty for providing false information shall not be more than \$10,000.00 in fines or not more than 4 years imprisonment or both. I hereby authorize Tribal representatives to make any necessary investigation of my financial condition or other information regarding my eligibility. I understand I have a right to a fair hearing if I am not satisfied with the decision, action, or any unreasonable delay in a decision on my application. A request for a hearing must be submitted in writing to the Miami Tribal Office within 10 days of decision notification.*

*I declare under penalty of perjury the foregoing information is true and correct (28 U.S.C. 1746).*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Department Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Department Manager

\_\_\_\_\_  
Date

**MIAMI TRIBE USE ONLY:**

Crisis  Heating  Cooling  Weatherization

Approved  Denied

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_