Miami Tribe of Oklahoma LIHWAP

PO Box 1326/3410 P Street NW
Miami, OK 74355
Phone Number: (918)541-1389
FAX: (918)513-5147
Email: swilliams@miamination.com

Documentation required for completing the LIHWAP application:

1. Copies of Tribal Membership card.

2. Copy of social security card for *each person* in the household.

3. Proof of **income for each person in the household:**
   ONLY USE EXAMPLE THAT PERTAINS TO YOUR SITUATION:
   a. Employed: provide copy of check stub or LIHWAP income verification form (must have gross income).
   b. Unemployed: must register at the employment office with the form provided from LIHWAP office *(job search);* if individual is currently a student, please provide a copy of current school schedule.
   c. Unemployed due to disability: must provide proof of disability (i.e.-social security/SSI Award letter, current bank statement, public assistance letter or doctor's statement).

4. Copy of the water bill you are needing assistance with (must have name, physical address, and account number on the bill).

ALL DOCUMENTS MUST BE DATED NOVEMBER 1, 2021, OR LATER.

IMPORTANT: ***If all documentation is not provided, application is incomplete and cannot be processed.***

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Name:	Social Security Number:	Tribal Enrollment #:
Physical address with City, State & Zip code:	Mailing address:	
County:	Tribe:	
Number of individuals living in household:	Phone:	

Name: ***LIST ALL IN HOUSEHOLD***	***Sex:***	***Date of Birth***	***Social Security Number:***	***Relationship***	***Source of Income***	***Income amount:*** *(Weekly, bi-weekly, monthly)*	***Disabled? Yes or No***
				SELF			

IF DEPARTMENT OF HUMAN SERVICES HAS ASSISTED YOU AFTER NOVEMBER 1, 2021, MIAMI TRIBE OF OKLAHOMA LIHWAP CANNOT ASSIST

Have you applied for assistance with your water bill at **DHS or another Tribe** since November 1, 2021?

YES or NO

PLEASE PROVIDE WATER COMPANY INFORMATION

Name of Water Company:____

Account Number:____

Applicant's Statement of Agreement and Understanding

I fully understand this application and I certify that all the information contained here is true and correct. I hereby authorize the Miami Tribe to make any necessary investigation of my financial situation and other conditions relating to my eligibility. I understand that I have a right to a fair hearing because of any action taken by the Tribe which I consider improper and because of any unreasonable delay in a decision on this application.

APPLICANT'S SIGNATURE______________________________________ DATE:____________________

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ONLY USE EXAMPLE THAT PERTAINS TO YOUR SITUATION

SECTION 1: Income Verification

I authorize the release of information from ____________________________, to the Miami Tribe of Oklahoma Low Income Home Water Assistance Program (LIHWAP) regarding my employment; therefore, releasing my employer from liability regarding this information.

Name	Employer	Type of Income	Gross Amount	Frequency Paid or Date Paid

Printed Name of Verifier and Date   Title (Employer)   Signature

SECTION 2: Child Support Income

Children Receiving Child Support:_________________________ Child Support Paid to:_______________

Person Paying Child Support:_____________________________ Amount Paid: $___________________

Frequency Paid: ____Monthly ___Weekly ___Bi-Weekly ___Other_____________

____
Signature of person paying child support   Phone Number   Date

____
Signature of person receiving child support   Phone Number   Date

Dated this _____ day of ______________________ 20_______

Signature of Notary:__________________________________ Seal:

My Commission expires:_______________________________

SECTION 3: School Verification

Name of Student:______________________________ DOB:___________________________________

High School/College Name:______________________________City:_______________Phone:________

____
Printed Name of School Official   Title   Signature   Date

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SECTION 4: Job Search Verification

Name:____ SSN:________________________________

Address:____

YOU HAVE REQUESTED DOCUMENTATION THAT CERTIFIES THAT YOU ARE CURRENTLY UNEMPLOYED. THE OKLAHOMA EMPLOYMENT SECURITY COMMISSION CANNOT PROVIDE PROOF THAT A PERSON IS CURRENTLY UNEMPLOYED. A PERSON MAY BE REGISTERED FROM JOB SEARCH ASSISTANCE THROUGH THIS AGENCY DOES NOT IN ITSELF PROVE THAT A PERSON IS UNEMPLOYED.

THE FOLLOWING INFORMATION IS PROVIDED:

- Our records indicate that you are not registered for Job Search Assistance through our agency.
- Our records indicate that are registered for Job Search Assistance through this agency. Your last record of service was on______________________.
- Our records indicate that you are receiving unemployment benefits in the amount of $_______________per _______

____

Printed Name (OESC Official) | Title | Signature (OESC Official) | Date

SECTION 5: Doctor Statement

This is to verify that ___________________________________ is under a doctor's care and is:

___ Able to work and/or has mobility **___ Unable to work and/or lacks ease of mobility**

If unable to work, expected length of time of inability to work and/or lack of mobility:_______________

____

Physician's Printed Name/Home Health Official | Signature | Date

____

Facility Address | State/Zip Code | Phone Number

SECTION 6: 60 or Over-No Income

All adults 60 or over applying for the Low Income Home Energy Assistance Program (LIHWAP) must have their income verified. If the applicant or a household member has had zero income or benefits for the past 30 days, they may fill out this form as verification. If this describes your situation, please sign and date the following:

I, _________________________________, verify that I have received zero income or benefits for the last 30 days.

____

Printed Name | Signature

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Authorization for Release of Information

Name: ________________________________
Address: ________________________________
Phone: ________________________________

To Whom it May Concern:

I authorize the Miami Tribe of Oklahoma Adult Services and LIHWAP Programs to contact the sources checked below for additional information as needed.

I hereby authorize the sources checked below to release any information concerning me to the Miami Tribe of Oklahoma Adult Services and LIHWAP Programs.

I understand that any information released will be treated as confidential by the Miami Tribe of Oklahoma Adult Services and LIHWAP Programs. The Release of Information will be given to other persons or agencies only to the extent necessary to consider my eligibility for services and/or assistance. This document is valid for one year from the date of execution. I understand that I can withdraw my authorization at any time.

___ Miami Tribe of OK Tribal Programs ___ Department of Human Services

___ Other name:____________________________ Contact #:________________

X_____________________________________ ________________________
Signature Date