



**MODOC NATION**  
22 N Eight Tribes Trail  
Miami, Oklahoma 74354  
918-542-1190 / 918-542-8175  
\*FAX 918-542-5415

Low Income Home Energy Assistance Program  
LIHEAP

The following energy assistance is provided through the Modoc Nation LIHEAP Program:

- Heating services through the winter months.
- Cooling services through the summer months.
- Crisis assistance is offered when there is an immediate danger such as:
  1. Shut off notice for gas, utility, or propane is out during winter.
  2. Electric shut off during summer.

The following guidelines must be met to receive services:

- Must be enrolled with Modoc Nation
- Must be 60 years or older
- Or, 5 years and younger
- Or, disabled
- Meet income guidelines
- Applicant must reside within the United States of America.
- Funds not distributed by January 1, 2022, will be made available to the following households:
  1. Households with children 12 and under, who are enrolled with the Modoc Nation.

The following household original documentation must be provided to receive services:  
(Re-submit even if you previously have been serviced)

- Tribal membership card
- Social Security Cards for all household members
- Income Verification for all household members
- Utility Bill – with correct address
- Proof of disability
- Drivers License for all adult household members
- Children who live with custodian parents/legal guardians must provide legal documentation and proof of residence (school letter/document)

All notices and programs are pending funding. No application will be preapproved.  
Please report suspected fraud to the number or address listed above.

Winter Crises \_\_\_ Summer Crises \_\_\_ Heat \_\_\_ Cool \_\_\_

Contingency \_\_\_\_\_

**Modoc Nation  
Low Income Home Energy Assistance Program  
LIHEAP**

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

Applicant Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
SS# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ CDIB Card Yes \_\_\_ No \_\_\_ Tribe \_\_\_\_\_ Enrollment# \_\_\_\_\_

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

Employer Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other Household members:

|    | Name  | Age   | CDIB  | Employed |       | Employer name | Relationship to applicant |
|----|-------|-------|-------|----------|-------|---------------|---------------------------|
|    |       |       |       | Yes      | No    |               |                           |
| 2. | _____ | _____ | _____ | _____    | _____ | _____         | _____                     |
| 3. | _____ | _____ | _____ | _____    | _____ | _____         | _____                     |
| 4. | _____ | _____ | _____ | _____    | _____ | _____         | _____                     |
| 5. | _____ | _____ | _____ | _____    | _____ | _____         | _____                     |
| 6. | _____ | _____ | _____ | _____    | _____ | _____         | _____                     |

Monthly net income (for all adult members of household 18 and older)

- Name \_\_\_\_\_ Amount per month \$ \_\_\_\_\_ source \_\_\_\_\_ Hrs per week \_\_\_\_\_
- Name \_\_\_\_\_ Amount per month \$ \_\_\_\_\_ source \_\_\_\_\_ Hrs per week \_\_\_\_\_
- Name \_\_\_\_\_ Amount per month \$ \_\_\_\_\_ source \_\_\_\_\_ Hrs per week \_\_\_\_\_
- Name \_\_\_\_\_ Amount per month \$ \_\_\_\_\_ source \_\_\_\_\_ Hrs per week \_\_\_\_\_

Total Household monthly net income: \$ \_\_\_\_\_

If TANF recipient are you currently enrolled in higher education or Voc training? Yes \_\_\_ No \_\_\_

Where: \_\_\_\_\_

Is applicant or any member of household handicapped/disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Are heating/cooling utilities included in rent? Yes \_\_\_\_\_ No? \_\_\_\_\_

Identify heating/cooling source: \_\_\_\_\_ Vendors name: \_\_\_\_\_

Wood \_\_\_ Propane \_\_\_ Gas \_\_\_ Electric \_\_\_ Address \_\_\_\_\_

Utility Account # \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Other \_\_\_\_\_ Name Utilities are in: \_\_\_\_\_

I declare that the above information 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 that the LIHEAP Program is Federally funded and that the penalty for providing false information shall not be more than \$10,000.00 fine or not more than 4 years imprisonment or both. I hereby authorize Tribal Representatives to make any necessary investigation of my financial conditions or other information regarding my eligibility. I understand that 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 Modoc Tribal Office within ten days of decision notification.

\_\_\_\_\_  
Intake Officer's Signature

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

-- Applicant Approved \_\_\_\_\_

Applicant Denied \_\_\_\_\_

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

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 LIHEAP Program  
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 Tribes Trail  
 Miami, OK  
 4354  
 Phone: (918)542-  
 1190  
 Fax: (918) 542-5415

Low Income Home Energy Assistance Program  
 (LIHEAP)

*(Cooling, Heating, and Crisis)*  
 FY-2021 INCOME BRACKETS Oct. 1, 2020 - Sept.  
 30, 2021

Income Eligibility Matrix

| Household Size | 60 %<br>State<br>Median<br>Income |
|----------------|-----------------------------------|
| 1              | \$ 22,926                         |
| 2              | \$29,980                          |
| 3              | \$ 37,034                         |
| 4              | \$ 44,088                         |
| 5              | \$ 51,142                         |
| 6              | \$ 58,196                         |
|                |                                   |

52 percent for one person, 68 percent for two persons, 84 percent for three persons, 100 percent for four persons, 116 percent for five persons, and 132 percent for six persons. For each additional family member above six persons, add 3 percent to the percentage for a six-person family (132%) and multiply the new percentage by the state's 60 percent of estimated median income for a 4- person family.

**Benefits Matrix**

| <u>Type</u> | <u>Propane</u> | <u>Electricity</u> | <u>Natural Gas/Fuel</u> | <u>Wood</u>       |
|-------------|----------------|--------------------|-------------------------|-------------------|
| Heating     | \$ 250         | \$ 250             | \$ 250                  | <u>No request</u> |
| Cooling     | \$ 250         | \$ 250             | \$ 250                  | <u>No request</u> |
| Crisis      | \$ 400         | \$ 400             | \$ 400                  | <u>No request</u> |

For the LIHEAP program, income is defined as:

- Monthly wages/salary,
- SSI/Disability,
- Alimony
- Veterans Benefits,
- Unemployment compensations, and
- Retirement benefits.
- Self-employment income
- Retirement

Other incomes such as child support, repayable loans, per capita, small or irregular cash, etc... are excluded. Excluded in income verification are children under 18 that reside in the home.

Required Documentation of income for all adult household members

- Last 30 days paystubs
- Social Security Award letter
- Bank Statements
- Tax returns
- Unemployment award letters
- Zero-income Statements

### **Clients who are in the application process of receiving disability benefits**

"Applicants with disabilities must meet Social Security's definition of disability to be eligible for assistance. A disability is a **"physical or mental impairment that is expected to keep you from doing any substantial work for at least a year or is expected to result in death."**

Clients need to provide proof of disability. Applying for disability does not constitute acceptance of the SSA of your disability. Be aware that over 60% of initial applicants are denied by the SSA.

In the event that you have applied for disability to the SSA but have not been approved for disability, you will need to submit additional documents in the form of a medical statement from your physician. This statement will need to be a summary confirming that you have a disability that prohibits you from working and how long your doctor expects you to be out of work.

Your physician's statement must confirm disability as defined by the SSA and not a temporary injury. **Temporary injuries will not be considered disability and will not qualify the applicant for LIHEAP services.**

If you do not have these documents, there will be a delay in your application and possible denial of services.

**MODOC NATION**  
**EMPLOYMENT INCOME VERIFICATION**

The Modoc Nations is required by LIHEAP to verify the income of all applicants. The person identified below has informed us that he/she is now or has been, within the past twelve months, employed by your firm. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

\_\_\_\_\_  
Director

**THIS SECTION TO BE COMPLETED BY APPLICANT:**

NAME: \_\_\_\_\_

I authorize \_\_\_\_\_ (Employer) to give the Modoc Nation information they need in regard to employment. I release the above-named agency from all liability in relation to the release of such information.

Employee's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_.

**THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY:**

Employed from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

Occupation \_\_\_\_\_ Employment is: Permanent \_\_\_\_\_  
Temporary \_\_\_\_\_  
Seasonal \_\_\_\_\_

Current rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_ Full Time? \_\_\_\_\_

Earnings during past 12 months, or the period of employ if less than 12 months \$ \_\_\_\_\_

Estimated amount of commissions, if applicable: \$ \_\_\_\_\_ per \_\_\_\_\_

Anticipated guaranteed earnings in the next 12 months: \$ \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_

Company Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Completed By: \_\_\_\_\_

Telephone # : \_\_\_\_\_

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