

ASSISTANT DOCUMENT LIST

APPLICANT MUST BE ENROLLED MEMBER OF THE CADDO TRIBE, 18 YEARS OF AGE OR OLDER AND HEAD OF HOUSEHOLD.

THE FOLLOWING DOCUMENTS ARE NEEDED TO COMPLETE YOUR APPLICATION AND WE CANNOT ACCEPT FAXED APPLICATIONS.

1. Certificate Degree of Indian Blood (CDIB) for ALL Native household members
2. Social Security Number(s) for ALL in household
3. Picture I.D. (Drivers License, State I.D., etc.)
4. Employment verification for ALL employed in household AND/OR if any adult household member receives any type of income (Child Support, TANF, Social Security, Section 8, Royalties-TPI'S (if they exceed \$2,000) Workers Comp. Veterans Benefits).
5. Any adult in the household with no income must submit one of the following:
 - A. Unemployment Affidavit.
 - B. Layoff letter from previous employer.
 - C. Letter from unrelated third party Verifying unemployment
6. Self-Employment Affidavit is to be signed by any person in the household who is self-employed
7. Crisis Statement if applying for Crisis Assistance

TYPE OF ASSISTANCE REQUESTED: LIHEAP MOTORFUEL
 LIHEAP CRISIS TITLE IV

Original Utility Bill (Cut-Off Notice), Quote, Invoice or Eviction Notice
 Other (Describe): _____

BY SIGNING BELOW:

- I UNDERSTAND THAT I MUST HAVE ALL REQUIRED DOCUMENTS IN MY CASE FILE BEFORE MY APPLICATION WILL BEGIN THE REVIEW PROCESS.
- I UNDERSTAND I HAVE A PERIOD OF 2 WEEKS FROM DATE OF APPLICATION TO SUBMIT ALL NECESSARY DOCUMENTATION OR MY CASE WILL BE CLOSED.
- I FURTHER UNDERSTAND THAT MY APPLICATION WILL BE THOROUGHLY REVIEWED AND ANY FALSE INFORMATION FOUND COULD RESULT IN NO ASSISTANCE FOR ONE (1) YEAR.

Applicant Signature

Date

CADDO NATION OF OKLAHOMA
Department of Social Services
P.O. Box 487
Binger, Oklahoma 73009
Phone: 405/656-9230 405/656-9209
Fax: 405/656-9237

LIHEAP APPLICATION

DATE: _____ COUNTY: _____ ROLL NO: _____

NAME: _____ SSN: _____
Last First MI

ADDRESS: _____ PHONE: _____
Street/PO Box City State Zip Code

LIST ALL HOUSEHOLD MEMBERS: (INCLUDING YOURSELF)

NAME	SEX	DOB	TRIBE	RACE	EMPLOYED	DISABLED
					(Y) (N)	
					(Y) (N)	
					(Y) (N)	
					(Y) (N)	
					(Y) (N)	
					(Y) (N)	

SHELTER INFORMATION:

TYPE OF SHELTER: HOME/MOBILE HOME _____ APARTMENT _____ ROOM _____

IS SHELTER RENTED: _____ OWNED/BEING PURCHASED _____ SUPPLIED _____

IF RENTED, ARE HEATING COST INCLUDED IN RENT? YES _____ NO _____

IF YES, FROM WHAT AGENCY: _____

FUEL INFORMATION: (CHECK TO SHOW YOUR PRIMARY SOURCE OF HEATING)

GAS _____ ELECTRIC _____ PROPANE/BUTANE _____ COAL/WOOD _____ KEROSENE _____

NAME OF SUPPLIER: _____

ADDRESS: _____

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

IF BILL IS NOT IN YOUR NAME, EXPLAIN WHY: _____

