



Choctaw Nation of Oklahoma LIHWAP

P.O. Box 1210 Durant, OK 74702

Phone Number: (580) 924-8280

Fax: 580-920-3147

Email: lihwap@choctawnation.com

Documentation required for completing the LIHWAP application:

1. Copies of **front and back** of CDIB or 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 the LIHWAP office (*job search*); if individual is currently a student, please provide a 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
OCTOBER 1, 2021, OR LATER.**

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

To Report Fraud or Abuse of LIHWAP funds, call 1-800-522-6170



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Name:	Social Security Number:	Membership ID (legacy ID):
Physical address with City, State & Zip code:	Mailing address:	
County:	Tribe:	
Number of individuals living in household:	Phone:	

Name: LIST ALL IN HOUSEHOLD	Sex:	D/O/B:	SSN:	Relationship:	Source of Income:	Income amount: <i>(Weekly, bi-monthly, monthly)</i>	Disabled? Yes or no
				<u>SELF</u>			

***IF DEPARTMENT OF HUMAN SERVICES HAS ASSISTED YOU AFTER OCTOBER 1, 2021, CHOCTAW NATION LIHWAP CANNOT ASSIST.**
 Have you applied for assistance with your water bill at **DHS** since **October 1, 2021**?
 Yes 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 Choctaw Nation 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 X _____ **DATE** _____
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SECTION 1: Income Verification

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

MEMBER	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 School Name: _____ City: _____ Phone: _____

Printed Name of School Official

Title

Signature

Date

Choctaw Nation of Oklahoma

Gary Batton - Chief

Jack Austin, Jr - Assistant Chief



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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 FOR JOB SEARCH ASSISTANCE THROUGH OUR AGENCY AND BE EMPLOYED. BEING REGISTERED FOR 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 you 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
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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
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Facility Address	State/Zip Code	Phone Number
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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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Choctaw Nation of Oklahoma

Gary Batton - Chief Jack Austin, Jr - Assistant Chief





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Authorization for Release of Information

Name: _____

Address: _____

Phone: _____

To Whom It May Concern:

I authorize the Choctaw Nation Emergency 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 Choctaw Nation Emergency Services and LIHWAP Programs.

I understand that any information released will be treated as confidential by the Choctaw Nation Emergency 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.

____ Choctaw Nation Tribal Programs ____ Department of Human Services

____ Other name: _____ Contact #: _____

X

Choctaw Tribal Member Signature and Date

