



**Specialized Services**

**10100 S. Bluejacket Road**

**Wyandotte, OK 74370**

Phone: (918) 238-1663

Email: [mlewis@estoo.net](mailto:mlewis@estoo.net)

**LIHEAP**

Low Income Home Energy Assistance Program  
(Federally Funded)

**LIHWAP**

Low Income Home Water Assistance Program  
(Federally Funded)

**Policies and Procedures**

The administration of this program is authorized under Section 533 Title V of Division H of the Consolidated Appropriations Act, 2021, Public Law No: 116-260. Consistent with legislative instructions, program requirements use existing processes, procedures, and policies currently in place to provide assistance to low-income households. In particular, OCS has closely modeled the Low-Income Household Water Assistance Program's (LIHWAP) terms and conditions on assurances and requirements outlined in the Low-Income Household Energy Assistance Act, 42 U.S.C. 8621 et seq.

The Low-Income Home Water Assistance Program is available to all eligible tribal members within the state of Oklahoma as well as within a 50-mile radius from ESTO tribal headquarters to include portions of Missouri and Kansas

To be eligible, applicant must fall within the 110% or 150% poverty level based on household size.

Payments are sent directly to vendor only and are for arrearages and household water and wastewater bills. Cost of repairs, etc are not eligible for payment.

Priority will be given based on three priority groups.

1. Households with disconnected water bills will be given priority
2. Households with pending disconnections are considered next
3. Households with normal water bills

Priority groups 1 and 2 must meet income guidelines for eligibility, however there is not a limit on amount payable. LIHWAP funds may be used to cover the full outstanding bill for a household in order to restore water services or prevent disconnection even if that bill may include other city utilities as well.

Maximum allowed benefit is up to \$450 per quarter for those within priority group 3.

## **Application process**

The Liheap and Lihwap applications are now a combined application so that one application may be filled out simultaneously for both programs.

An application for Lihwap benefits may be completed quarterly to receive benefits. A new application and proof of income must be completed each quarter.

Tribal member must fill out application and provide proof of income, copy of ID and copy of utility bill/ water bill.

Countable income includes wages, Self-Employment income, Unemployment, SSI, Retirement, Alimony, Child Support, VA Benefits.

Categorically eligible members do not need proof of income for Lihwap program. They must provide proof of active status in qualifying programs to be automatically eligible.

Categorically eligible tribal members are those who already qualify for the LIHEAP program, means tested veterans programs, SSI, SNAP, and TANF.

Applicants are notified via email or phone call regarding receipt of application and approval or denial status.

### **Denial/ Appeal Process**

In the event of a denial, applicants are notified via email, phone call or letter. Within ten business days Tribal member may request in writing an appeal to be reviewed by the Tribal Administrator. In the event of a denial by the Tribal Administrator the Tribal Member may within ten business days request an appeal in writing to the Chief. Upon a denial made by the Chief the tribal member will be given a 20-day period to request a fair hearing. In the event the applicant requests a hearing, the applicant and Lihwap Director will meet with the ESTO Grant Review Committee to discuss the matter of the denial. The decision of the Grant Review Committee will be considered final.

**Applicants found to have committed fraud are banned from LIHWAP assistance for remainder of grant period.**

# LIHEAP funded once per fiscal year. LIHWAP funded quarterly.

The following documentation must accompany application:

- Copy of income of all household members (tax form 1040)
- Copy of energy statement (natural gas, propane, electric)
- Copy of water/ wastewater bill.
- Copy of CDIB card or government issued ID
- If you are applying for LIHWAP and are considered categorically eligible\*, copy of income is not required. Proof of categorical eligibility will be required.

\*Applicants already participating in LIHEAP, means tested veterans programs, SSI, SNAP, and TANF

## **Application**

All questions in this application must be answered.

The application is subject to the Privacy Act of 1974, P.I. 93-579.

Read the certification carefully before you sign and date this application and sign in ink.

Submit to: Specialized Services Attn Mercedes Lewis [mlewis@estoo.net](mailto:mlewis@estoo.net)  
or Amber Mittag, [amittag@estoo.net](mailto:amittag@estoo.net) Fax 1-888-971-3899 Phone 1-918-238-1663

### **Mailing Address**

10100 S Bluejacket Rd Wyandotte, OK 74370

## APPLICATION INFORMATION

Application for: LIHEAP      LIHWAP

**\*If eligible, you may apply for both simultaneously\***

## Personal Information

Name

Last                                  First                                  Middle

## Current Address

City/State/Zip Code

City/State/Zip Code

Telephone Number (\_\_\_\_) \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Spouse's Name

\_\_\_\_\_  
 Last First Middle

## Family Information

List all persons living within your household on a permanent basis.

Name

DOB

## Relationship

Tribal Roll #

A handwriting practice sheet with four columns of lines. The second column contains slanted lines for tracing, while the other columns are blank for independent practice.

## INCOME INFORMATION

*LIHWAP applicants already categorically eligible may skip Steps 1 and 2*

### **STEP 1**

**Earned Income:** Starting with the applicant, list all permanent family members 18 years old and above, who are listed and have earned income. Provide W-2 forms, wage stubs, etc. for income verification.

## INCOME INFORMATION

*LIHWAP applicants already categorically eligible may skip Steps 1 and 2*

Name	Annual Income	Source
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Income: \$ \_\_\_\_\_

### **STEP 2**

**Unearned Income:** Starting with the applicant, list all permanent family members 18 years old and above, who are listed and have unearned income such as Social Security retirement, disability, unemployment benefits, child support, alimony, royalties, percapita payments, interest, etc. Provide check stubs, statements, Individual Indian Money (HM) ledgers, etc.

Name	Annual Income	Source
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Income: \$ \_\_\_\_\_

Total **Combined** Income: \$ \_\_\_\_\_

Name and address of **Energy Source** (electric, propane, gas company)

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

\_\_\_\_\_  
Address City State Zip Code

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

\_\_\_\_\_  
Address City State Zip Code

Name and address of **Water/Wastewater Source** (Utility company, city utilities, etc)

\_\_\_\_\_

Company Name

\_\_\_\_\_  
Address City State Zip Code

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

\_\_\_\_\_  
Address City State Zip Code

Have you applied to the State Department of Human Services (DHS) for assistance?

Yes

No

If you answered yes, a “Statement of Denial” is required from DHS.

\_\_\_\_\_  
Applicants signature Date