SENECA - CAYUGA NATION

23701 South 655 Road Grove, Oklahoma 74344 | P: 918-787-5452 | F: 918-787-5521 | www.sctribe.com

LOW INCOME HOME ENERGY ASSISTANCE PROGAM

GUIDELINES AND DOCUMENTS CHECKLIST

Please complete the following information and return to:

Attention: Michelle Morris, Housing Administrator

Email: mmorris@sctribe.com
or jlogan@sctribe.com
Direct #: 918-791-6060
Fax #: 918-516-0591
23701 S. 655 Road
Grove, OK 74344

LIHEAP is designed to alleviate the immediate threat of utility service disconnection (i.e., electricity, gas, propane or heating wood). The program runs from March 16 to September 30th for **Cooling Assistance** and October 1st to March 15th for **Heating Assistance**.

IMPORTANT: Services **cannot** be duplicated. The applicant cannot receive LIHEAP assistance from the Seneca-Cayuga Nation, if LIHEAP assistance has been received from another agency and vice versa.

Households are restricted to receiving assistance once per heating season and once per cooling season but are allowed a (1) one-time Crisis Assistance after one and/or both season assistance(s) have been exhausted.

Applicant's household must reside within the service area of the Seneca-Cayuga Nation. The service area for Seneca-Cayuga Nation members will be within 50 miles from the Nation Office. All other federally recognized tribal members must live within the former Reservation Boundaries of the Seneca-Cayuga Nation.

Documents Needed

1. Copy Tribal Membership Cards for everyone residing within the household.
2. Copy of Social Security Cards for everyone residing within the household.
3. Court documents or documents showing primary custody, guardianship documents for guardians of children.
4. Income Verification for All Adults Members of the Household that are 18 Years and Older.
5. Copy of Current Bill/ or disconnect notice Showing:
    a. Date the Bill is Due
    b. Tribal Members Name
    c. Current Address
    d. Amount
    e. Vendor's Name
6. W-9 if needed
7. Declaration of Income & Release of Information form for **all members of the household over the age of 18.**

Seneca-Cayuga Nation
LIHEAP Program Application

Applicant's Name: _____
First Middle Last

Complete Mailing Address:

_____

Complete Physical Address:

_____

Email Address: _____

Phone: _____ **Cell Phone:** _____ **Work**: _____

Household Members Information

List all persons living in your home below.

Name: First, Last	Relationship	DOB	Tribe	M/F	Social Security Number	Disabled Y/N

If additional space is need, please attach a separate paper to the back of this document.

- Have you or any family member received assistance from another tribe/state in the last year? YES or NO
  - Are any members of your household "Veterans" YES or NO
  - Are any members of your household "DISABLED" YES or NO
    If yes, furnish proof and attach to this document
  - Does your household receive any of the following: *(circle what applies)?*
    FOOD STAMPS FOOD COMMIDITIES

Please verify if you would like LIHEAP funding assistance for fuel or electricity (select one).

_____ Gas/Propane _____ Electricity _____ Crisis

HOUSING INFORMATION

Do you **___Own** **___Rent** your home? If you rent, are your utilities included? ___Yes __No If yes, which type? _____

(If utilities are included, a lease/rental agreement from the landlord MUST BE submitted that states utilities are included in rent, and the current utility bill.)

FUEL INFORMATION

What is the heating/cooling source of your home?

___ National Gas ___ Electric ___ Kerosene ___ Tank Propane ___ Wood ___ Cylinder Propane

Utility/Energy Supplier Information

COPY OF A CURRENT ENERGY BILL(S) MUST BE ATTACHED TO THIS DOCUMENT
IF ACCOUNT IS IN A DISCONNECT STATUS, INCLUDE THE SHUT OF NOTICE.

Name of the company that supplies your energy: _____
Address: _____ City: _____ State: _____ Zip Code: _____
What name appears on the energy bill? _____
List the account number that appears on your bill: _____
Do you have a disconnect notice? YES or NO
Is your energy source currently shut off? YES or NO

HOUSEHOLD INCOME

Name (First and Last)	Place of Employment	Supervisor Name	How Often Paid	Monthly Income

All other household members 18 years of age or older without income will need to sign a release form of zero income.

(Be sure to include proof of **ALL INCOME** for the past 30 days with your application, this can include paystubs, and SSI letter, etc. – Failure to provide may result in delay of processing and/or denial of application.)

Does any household member have income for self-employment? YES or NO
If yes, send a copy of the most recent federal income tax forms (form 1040) for each person with self-employment.

Source	Who Received the Funds	Amount Received	How Often is Payment Received
Social Security			
Supp Security Income			
TANF Grant, SAB, BP, SP, Foster Care			
Alimony or Child Support Child Support Case #:			
Unemployment			
Veterans Benefits			
Pensions			
Railroad Retirement			
Rent-Land/Buildings			
Armed Forces Allotment			
Union Funds/Strike			
Workmen's Compensation			
Other, Specify:			

Conflict of Interest Disclosure

The Seneca-Cayuga Nation Housing Department takes seriously any actual or potential conflicts of interest. As we wish to avoid even the appearance of a conflict, we ask all applicants to disclose any immediate family members, or other significant persons, whom are employed in housing department, or serve as member of Housing Committee, or Business Committee of Seneca-Cayuga Nation which could potentially cause a conflict of interest. For this purpose, immediate family member includes, but is not limited to, spouse, children, parents and siblings.

Please list any relationship here (please print):

_____

_____

_____

_____

_____

Attestation: The undersigned individual(s) hereby attest(s) that he/she is a participant in one or more of the housing division programs and that he/she is independent of and has no conflict of interest with any persons not listed above.

_____ _____

Signature of head of household Date

_____ _____

Signature of spouse/Co-Applicant Date

Applicant's Rights and Responsibilities Agreement

I hereby apply for assistance under the LIHEAP GUIDELINES OF THE Seneca-Cayuga Nation. I declare that the information I have given is true, correct, and complete to the best of my knowledge. I realize that the information which I have given on this application will be subject to verification by the contracted agency. If any household member declared on my application is currently receiving Food Stamps, TANF, or Child Support, I hereby authorize the Seneca-Cayuga Nation LIHEAP file to document income and resource eligibility for LIHEAP. I hereby authorize the Seneca-Cayuga Nation to release information relating to my application for LIHEAP to my energy supplier to determine eligibility. I give permission to use the information provided on this form for purposes of research, evaluation and analysis of the program. I understand that I may be fined, imprisoned or both under state and federal law if I make false statement(s) on this application in order to get benefits I am not entitled to receive. 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 fair hearing must be submitted in a written form to the Seneca-Cayuga Nation Office within ten (10) days of decision notification.

Signature of Applicant: _____ Date: _____

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jlogan@sctribe.com

AUTHORIZATION TO RELEASE INFORMATION

I, hereby authorize the Seneca-Cayuga Nation Housing Department to release and receive information to and from the following persons and organizations. I have been informed of the type of information to be released and requested.

Department of Human Services
Social Security Administration
Tribal/State/Federal Courts/Criminal/Civil
Tribal/ State Housing Programs
Tribal/State Employment Office
Tribal/State Mental Health Services
Tribal/State Voc-Rehab Programs
Indian Health Services
Other (Specify)

Tribal/State Social Services Programs
Veteran's Administration
Tribal Enterprises
Tribal/State/Federal Probation Programs
Tribal/State Medical Services
Tribal/ State Child Protection Services
Tribal/State Alcohol & Drug Programs
Tribal/State/Education Programs

Any information exchanged will pertain to my eligibility to receive benefits or referrals to other Human Services/Social Services/Financial Services programs that would benefit me. By signing this Release of Information Form, I agree and understand any information obtained will be kept confidential and will be used only for the purposes directly connected with providing benefits or services on my behalf. I further agree and understand that any information obtained may be released to proper governmental agency, court, or law enforcement agencies for purposes of legal and investigative action concerning fraud.

This Release of Information will remain in effect for one (1) year from date of signature or until I request in writing to rescind said authorization.
until I revoke this authorization by written communication to the Seneca-Cayuga Nation Housing Program. I certify that I fully understand the contents of this form.

_____ _____
Signature of head of household Date

_____ _____
Signature of spouse/Co-Applicant Date

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EMPLOYMENT INCOME VERIFICATION

The Seneca-Cayuga Nation Housing Department is required to verify the income of all applicants of the program. The person whose name appears below states that he/she is now employed by your firm. Your cooperation in supplying the information requested below will be appreciated and of benefit to your employee. Such information will be held in confidence and used only by the housing division as legally necessary.

Date: _____ Employee Signature_____

Name/Address of Employer: _____
_____
Phone: _____
Applicant Name _____
Address _____
City, State, Zip Code _____
Phone Number _____
Social Security Number:

INFORMATION BELOW IS TO BE COMPLETED BY EMPLOYER ONLY!

Date Employee was hired: _____ Employee Title: _____

Circle which applies: Full-Time Part-Time Seasonal

Current Number of Hours worked per week: _____

Current base pay rate per hour: _____ Annual Gross $_____

Employee is paid (Circle) Weekly Bi-Weekly Monthly Yearly

The above information is true and correct to the best of my knowledge. I understand that any false statements of information are punishable under federal law.

_____ _____
Authorized Representative's Signature Date

_____
Position/Title

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DECLARATION OF NO (ZERO) INCOME

I, _____, do hereby certify that I have no (zero) income for the past 30 days, as of the
date identified below.

_____

Signature

_____

Date

I certify that the information presented in this Declaration of Income and No (Zero) Income Form is complete and accurate to the best of my knowledge. Section 1001 of Title 18 of the US Code makes it a criminal offense to make a willful false statement of misrepresentation to any department or Agency of the U.S. to any matter within its jurisdiction.

Appeal Process

Appeals from Administrative Actions
This section applies to all appeals from decisions made by officials of the Seneca-Cayuga Nation by person who may be adversely affected by such decisions.

Appeals Procedures

1. Officials Who May Decide Appeals
   The following officials may decide appeals
   A. The Nation's Housing Committee, if the subject of appeal is a decision by a person under the authority of the Nation's Housing Committee.
   B. The Nations Business Committee, if the subject of appeal is a decision of the Nation's Housing Committee.
2. Finality of Decisions
   A. Decisions made by officials of the Seneca-Cayuga Nation shall be effective when the time for filing a notice of appeal has expired and not notice of appeal has been filed.
   B. Decisions made by the nation's Business Committee shall be final for the Seneca-Cayuga Nation and effective immediately.
3. Notice of Administrative Decision or Action
   A. The official deciding shall give the person affected by the decision written notice of the decision by personal delivery or by mail.
   B. Failure to give such notice shall not affect the validity of the decision or action but the time to file a notice of appeal regarding such a decision shall not begin to run until notice has been given in accordance with subparagraph (c) of this paragraph.
   C. All written decisions except decisions which are final for the Seneca-Cayuga Nation pursuant to paragraph 2(b), shall include a statement that the decision may be appealed pursuant to this section, identify the official to whom it may be appealed and indicated the appeal procedures, including the 10-working daytime limit for filing a notice of appeal.
4. Notice of an Appeal
   A. An appellant must file a written notice of appeal in the office of the official whose decision is being appealed. The appellant must also send a copy of the notice of appeal to the official who will decide the appeal. The notice of appeal must be filed in the office of the official whose decision is being appealed within 10 working days of the receipt by the appellant of the notice of administrative action described in paragraph 3. A notice of appeal that is filed by mail is considered failed on the date that it is postmarked. The burden of proof of timely filing is on the appellant. No extensions of time shall be granted for filing a notice of appeal. Notices of appeal not filed in the specified time shall not be considered, and the decision involved shall be considered final for the Seneca-Cayuga Nation and affective in accordance with paragraph 2(A).
   B. The Notice of Appeal Shall:
      1. The statement must include name, address, and phone number of the appellant.
      2. The statement must be clearly labeled or titled whit the words "NOTICE OF APPEAL."
      3. Have on the face of any envelope in which the notice is mailed or delivered, in addition to the address, the clearly visible words "NOTICE OF APPEAL."
      4. Contain a statement of the decision being appealed that is sufficient to permit the identification of the decision.
      5. If possible, attach a copy of the notice of the administrative decision received under paragraph 3.

5. Statement of Reasons
    A. A statement of reasons shall be filed by the appellant in every appeal and shall be accompanied by or otherwise incorporated all supporting documents.
    B. The statement of reasons must be included in or filed with the notice of appeal.
    C. The statement of reasons shall:
        1. Be clearly labeled "STATEMENT OF REASONS".
        2. State the reasons why the appellant believes the decision being appealed is in error.
6. Filing of an Appeal
    A. An appeal document is properly filed with an official of the Seneca-Cayuga Nation:
        1. By personal delivery during regular business hours to the person designated to receive mail in the immediate office of the official.
        2. By mail addressed to the official. The document is considered filed by mail on the date that it is postmarked.
7. Computation of Time
    In computing any period of time prescribed or allowed in this section, workdays (Monday-Friday) shall be used. Computation shall not include the day on which the decision being appealed was made, or the notice was received. Computation shall include the last day of the period, unless it is a Nations or legal holiday, in which event the periods run until the end of the next day which is not a Saturday, Sunday, or Nations or legal holiday.
8. Summary Dismissal
    A. An appeal under this section will be dismissed if the notice of appeal is not filed within the time specified in paragraph 4.
    B. An Appeal under this section may be subject to summary dismissal if the appeal documents do not state the reasons why the appellant believes the decision being appealed is in error, or the reasons for the appeal are not otherwise evident in the document.
9. Action by the Nation's Housing Committee on Appeal
    A. The Housing Committee shall render written decisions in all cases which the authority to issue a decision has been assigned pursuant to paragraph 1 (a) within 30 days. The decision shall include a statement that the decision may be appealed pursuant to this section, identify the official to whom it may be appealed and indicate the appeal procedure, including the 10-day time limit for filing a notice of appeal.
    B. A copy of the decision shall be sent to the appellant by certified or registered mail, return receipt requested. Such receipts shall become a permanent part of the record.
10. Action by the Tribal Business Committee on Appeal
    A. The Business Committee shall render a written decision in an appeal from a decision of Business Manager within 60 days. A copy of the decision shall be sent to the appellant by certified or registered mail, return requested. Such receipts shall become a permanent part of the record. The decision shall be final for the Seneca-Cayuga Nation and effective immediately.
11. Scope of review.
    A. When a decision has been appealed, any information available to the reviewing official may be used in reaching a decision whether part of the record or not.
    B. The deciding official shall include in the record copies of documents, or a description of the information used in arriving at the decision. Except when disclosure of the actual documents used may be prohibited by law, copies of the information shall be made available to the party of the appeal upon request and at their expense.