



## Wichita and Affiliated Tribes

Low Income Household Water Assistance Program (LIHWAP)

P.O. Box 729, Anadarko, OK. 73005

Phone: (405)247-8620 Fax: (405)247-3256

[ARPAdepartment@wichitatribe.com](mailto:ARPAdepartment@wichitatribe.com)

FY 2022

Time of Arrival to Family & Children Services office

### **ELIGIBILITY CRITERIA:**

- 1. Completed LIHWAP Application:** Your application must be filled out completely, an incomplete application could cause a delay in the process of your assistance request or jeopardize your eligibility.
- 2. Tribal Enrollment Verification for All Persons Living in the Household:**
  - Head of Household and other household members 18 years of age and older must provide, Photo Identification, Tribal enrollment (CDIB)
  - All other household members must provide only tribal enrollment (CDIB) and social security cards.
- 3. Family Income for All Persons Living in the Household:** Paycheck Stub, recently filed W-2, Unemployment, Self-Employment Income (recent 1099), Workman's Comp, Child Support, Alimony, SSI/Social Security (minus Medicare deduction), Retirement/Pension Benefits, Veteran's Administration Benefits, and Interest, Dividends, or Royalties (including BIA ledger).

#### **Excluded Income but Must Report:**

- Temporary Assistance for Needy Families (TANF) benefits
- Supplemental Nutrition Assistance Program (SNAP) benefits
- Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
- Covid-19 Economic Impact Payments (Stimulus Checks)

- 4. Current Utility Bill:** Must be submitted with your application.

*If you have received a 48-hour disconnect notice or services have been interrupted due to non-payment, we suggest you set a same day appointment with the department so that we can address the crisis with priority given as they have been received.*

### **VERIFICATION PROCEDURE:**

A verification procedure will be completed on each individual listed on the application in order to prevent duplication of LIHWAP services with other tribal and DHS agencies.

**Please submit all documentation to the ARPA Department for review and allow seven to ten business days to complete the verification procedure and other related procedures.** Approved applicants will receive assistance towards their current utility bill only, which will be mailed directly to the vendor.



**Wichita and Affiliated Tribes**  
**LIHWAP Application**  
*FY 2022*

**HEAD OF HOUSEHOLD INFORMATION:**

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

Wichita Enrollment Number: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ -

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ **COPY OF CDIB IS REQUIRED**

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

Mailing Address (If different from above address): \_\_\_\_\_

Phone Number/Message Number: \_\_\_\_\_ **DO NOT LEAVE BLANK**

**FAMILY PROFILE: Please list all household members**

*Social Security Numbers and Tribal affiliation for all household members over the age of 18 must be provided*

Name	Age	Relationship	Tribal Affiliation <small>If does not apply, mark N/A</small>	Social Security #	Disability or Serious Medical Condition (Please list)
		Self			

*(If there are more family members, use additional sheet.)*

**HOUSEHOLD INCOME:**

List ALL income received by all household members. Such as **Employment Wages, TANF, SSI, Social Security, VA, Workmen's Comp., Unemployment, Child Support, Alimony, Retirement, and/or Royalties**

Name	Type of Income	Amount	How Often Received

**ENERGY ASSISTANCE INFORMATION:** **PLEASE ATTACH CURRENT WATER BILL/INVOICE**

Vendor/Supplier	Account Name or Account No.	Amount

If applicant's name is not listed on the water bill provided, please submit a copy of another utility bill with applicant's name listed. If this cannot be provided, this application will be considered **DENIED**.

(Application continued on back) →

**HOUSING INFORMATION:**

Type of Housing (*Circle one*):      Single Dwelling      Tribal Housing      HUD Housing  
   Apartment      Mobile Home      Living with Someone

Landlord/Management Co./Housing Name/Owner: \_\_\_\_\_

Rental/Mortgage Payment \$ \_\_\_\_\_      How long have you resided at this address: \_\_\_\_\_

**CLIENT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES:**

**I hereby give consent to an authorized representative of the Wichita and Affiliated Tribes ARPA Department to obtain information from all records, which may be needed by the Low-Income Household Water Assistance Program in determining my eligibility, or need for assistance.**

**Also, if I am not satisfied with the outcome of my application, I understand that I have a right to appeal the decision in writing within five (5) working days upon notification of adverse decision. I understand that I have a right to request a fair hearing with access to relevant records of any action or unreasonable delay by the Wichita and Affiliated Tribes.**

**I attest that the above statements are true to the best of my knowledge. I further agree that any false statements knowingly submitted by me will subject me to forfeiture of services from this program.**

**Applicant's Signature : \_\_\_\_\_ Date : \_\_\_\_\_**

DO NOT WRITE BELOW LINE

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OFFICE USE ONLY

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

Verified by: \_\_\_\_\_

Enrollment Verified: \_\_\_\_\_

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