



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

FY 2023

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
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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

WATER 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: _____

IF YOU OWN YOUR PRIMARY RESIDENCE AND HAVE NOT UTILIZED THE HOMEOWNER ASSISTANCE FUND PROGRAM, WE ENCOURAGE YOU TO REQUEST INFORMATION WHEN SUBMITTING THIS FORM TO THE ARPA DEPARTMENT

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

OFFICE USE ONLY

Address Verified: _____

Verified by: _____

Enrollment Verified: _____

Date: _____