

Low Income Home Energy Assistance Program (LIHEAP) Benefit Matrix - Federal Fiscal Year 2020 (OCTOBER 1, 2019 - SEPTEMBER 30, 2020) 2020
 BASED ON 60% of Oklahoma's State Median Income Estimates

DELAWARE NATION

60% of FY 2018 State Median Income (Annual Maximum Allowable)	Household Size	Monthly Maximum Allowable
\$22,021	1	\$1,835.00
\$28,797	2	\$2,400.00
\$35,573	3	\$2,964.00
\$42,349	4	\$3,529.00
\$49,125	5	\$4,094.00
\$55,901	6	\$4,658.00
\$57,171	7	\$4,764.00
\$58,441	8	\$4,870.00

Income Level Points

LEVEL 1	4
LEVEL 2	3
LEVEL 3	1

Points for Fuel Type

Propane	4
Electric	3
Natural Gas	2
Firewood/Coal/Kerosene *	1

*Firewood/ Coal/Kerosene Clients: if you heat your home with firewood, you are eligible for 2 Cords per season, or you may opt for an electric benefit.

Vulnerability Population Points

Elderly in the household (60 years or older)	1
Young Child (5 years or younger)	1
Disabled in the household	1
Home energy burdens (energy bill >10% of income)	1

Household Size 1 PERSON		
Income Level	LEVEL 1	\$0.00
Income Level	LEVEL 2	\$567.48
Income Level	LEVEL 3	\$1,152.69
Household Size 2 PERSONS		
Income Level	LEVEL 1	\$0.00
Income Level	LEVEL 2	\$742.17
Income Level	LEVEL 3	\$1,507.52
Household Size 3 PERSONS		
Income Level	LEVEL 1	\$0.00
Income Level	LEVEL 2	\$916.81
Income Level	LEVEL 3	\$1,862.26
Household Size 4 PERSONS		
Income Level	LEVEL 1	\$0.00
Income Level	LEVEL 2	\$1,091.42
Income Level	LEVEL 3	\$2,216.95
Household Size 5 PERSONS		
Income Level	LEVEL 1	\$0.00
Income Level	LEVEL 2	\$1,266.04
Income Level	LEVEL 3	\$2,571.62
Household Size 6 PERSONS		
Income Level	LEVEL 1	\$0.00
Income Level	LEVEL 2	\$1,440.68
Income Level	LEVEL 3	\$2,926.36
Household Size 7 PERSONS		
Income Level	LEVEL 1	\$0.00
Income Level	LEVEL 2	\$1,473.42
Income Level	LEVEL 3	\$2,992.88
Household Size 8 PERSONS		
Income Level	LEVEL 1	\$0.00
Income Level	LEVEL 2	\$1,506.17
Income Level	LEVEL 3	\$3,059.40

Household Size 7 PERSONS		
Income Level	LEVEL 1	\$0.00
Income Level	LEVEL 2	\$1,473.42
Income Level	LEVEL 3	\$2,992.88
Household Size 8 PERSONS		
Income Level	LEVEL 1	\$0.00
Income Level	LEVEL 2	\$1,506.17
Income Level	LEVEL 3	\$3,059.40

Bi-weekly: Multiply bi-weekly earnings X 26 pay periods = \$ _____ per year, then divide by 12 to get monthly earnings

Weekly: Earnings X 52 pay periods = \$ _____, then divide by 12 to get weekly earnings

Check List (documentation required)

- ✓ Proof of Indian Descent (CDIB or Tribal Membership Card, Any tribe)
- ✓ Proof of income for every person in the home (copy of employer check or check stubs, bank statement, LIHEAP income verification form signed by employer, copy of award letter from Social Security, DHS, VA, etc.)
- ✓ If disabled, provide documentation of disability. (doctor's statement, disability check, SSI award letter)
- ✓ Copy of social security cards for each household member
- ✓ Copy of the bill from the utility company you need payment sent to. Must have account number, billing/physical address.

Note: To avoid service termination, applicants must keep bills paid until LIHEAP determines eligibility and processes payment. Client will receive a letter from LIHEAP via mail.

Point Value= \$25.00 per point

Total points **may not exceed 8** for a maximum benefit amount of \$200.00 with the exception of propane when the maximum benefit may be the required minimum delivery amount. This must be verified with the vendor in writing.

Maximum benefit level per household- to be determined with reference to the Point Matrix Formula

Actual maximum benefit amount may be adjusted based on the Tribe's total LIHEAP grant allocation amount and the number of applications remaining at the end of the season.

FOR OFFICE USE ONLY:

Applicant's name / Head of Household: _____

Total household monthly earned and unearned income equals \$ _____ Household size: _____

Vulnerable Population Points: _____ Total Points: _____ LIHEAP Benefit amount: \$ _____

Supporting Documentation Attached

Approved Denied

Tribal Representative _____ Date _____