**Miami Tribe of Oklahoma LIHEAP Computation FY 2019**

**FOR OFFICE USE ONLY**

Applicant's name / Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total household monthly earned and unearned income equals $\_\_\_\_\_\_\_\_\_\_

Household size: \_\_\_\_\_\_

Total Points: \_\_\_\_\_ LIHEAP Benefit amount: $\_\_\_\_\_\_\_

□ Supporting Documentation Attached

□ Approved

□ Denied

Social Services Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

**Low Income Home Energy Assistance Program (LIHEAP) Benefit Matrix - Federal Fiscal Year 2019**

**BASED ON 60% of Oklahoma's State Median Income Estimates**

**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.

Point Value= $20.00 per point

The applicant is eligible maximum benefit amount of $400.00 per winter / summer cycle once they reach 20 points 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.

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| **60% of FY 2018 State Median Income (Annual Maximum Allowable)** | **Household Size** | **Monthly Maximum Allowable** |
| $21,283 | 1 | $1,773.35 |
| $27,831 | 2 | $2,319.25 |
| $34,380 | 3 | $2,865.00 |
| $40,928 | 4 | $3,410.67 |
| $47,476 | 5 | $3,956.33 |
| $54,025 | 6 | $4,502.08 |
| $55,253 | 7 | $4,604.41 |
| $56,481 | 8 | $4,706.75 |

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| --- | --- |
| **Income Level Points** |  |
| LEVEL 1 | 8 |
| LEVEL 2 | 6 |
| LEVEL 3 | 4 |
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| --- | --- | --- | --- | --- | --- |
| **Household Size** | **1 PERSON** |  |  | **Income Level Points** | **Check which**  **Best Applies** |
| **Income Level** | LEVEL 1 | $0.00 | $567.47 | 8 |  |
| **Income Level** | LEVEL 2 | $567.48 | $1,152.68 | 6 |  |
| **Income Level** | LEVEL 3 | $1,152.69 | $1,773.35 | 4 |  |
| **Household Size** | **2 PERSONS** |  |  |  |  |
| **Income Level** | LEVEL 1 | $0.00 | $742.16 | 8 |  |
| **Income Level** | LEVEL 2 | $742.17 | $1,507.51 | 6 |  |
| **Income Level** | LEVEL 3 | $1,507.52 | $2,319.25 | 4 |  |
| **Household Size** | **3 PERSONS** |  |  |  |  |
| **Income Level** | LEVEL 1 | $0.00 | $916.80 | 8 |  |
| **Income Level** | LEVEL 2 | $916.81 | $1,862.25 | 6 |  |
| **Income Level** | LEVEL 3 | $1,862.26 | $2,865.00 | 4 |  |
| **Household Size** | **4 PERSONS** |  |  |  |  |
| **Income Level** | LEVEL 1 | $0.00 | $1,091.41 | 8 |  |
| **Income Level** | LEVEL 2 | $1,091.42 | $2,216.94 | 6 |  |
| **Income Level** | LEVEL 3 | $2,216.95 | $3,410.67 | 4 |  |
| **Household Size** | **5 PERSONS** |  |  |  |  |
| **Income Level** | LEVEL 1 | $0.00 | $1,266.03 | 8 |  |
| **Income Level** | LEVEL 2 | $1,266.04 | $2,571.61 | 6 |  |
| **Income Level** | LEVEL 3 | $2,571.62 | $3,956.33 | 4 |  |
| **Household Size** | **6 PERSONS** |  |  |  |  |
| **Income Level** | LEVEL 1 | $0.00 | $1,440.67 | 8 |  |
| **Income Level** | LEVEL 2 | $1,440.68 | $2,926.35 | 6 |  |
| **Income Level** | LEVEL 3 | $2,926.36 | $4,502.08 | 4 |  |
| **Household Size** | **7 PERSONS** |  |  |  |  |
| **Income Level** | LEVEL 1 | $0.00 | $1,473.41 | 8 |  |
| **Income Level** | LEVEL 2 | $1,473.42 | $2,992.87 | 6 |  |
| **Income Level** | LEVEL 3 | $2,992.88 | $4,604.41 | 4 |  |
| **Household Size** | **8 PERSONS** |  |  |  |  |
| **Income Level** | LEVEL 1 | $0.00 | $1,506.16 | 8 |  |
| **Income Level** | LEVEL 2 | $1,506.17 | $3,059.39 | 6 |  |
| **Income Level** | LEVEL 3 | $3,059.40 | $4,706.75 | 4 |  |

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| **Points for Fuel Type** | | | **Point Allowance** | **Check all that apply** |  |
| Propane | | | 10 |  |  |
| Electric | | | 10 |  |  |
| Natural Gas | | | 10 |  |  |
| Firewood/Coal/Kerosene \* | | | 5 |  |  |
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| **Vulnerable Population Need Determination** | **Point Allowance** | **Check all that apply** |
| Children in the home (15 and younger) | 2 |  |
| Person age 60 or older in the home | 2 |  |
| Person with a disability | 2 |  |
| Person with a life threatening medical condition | 2 |  |
| Terminated from employment within the past year | 2 |  |
| Member / Veteran of U.S. Armed Forces | 2 |  |
| In addiction recovery program or counseling | 2 |  |

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| **Point Deductions** | **Point Allowance** | **Check all that apply** |
| Non-payment on fuel/ utility bill for 3 three consecutive months | -5 |  |
| Repeat customer during the same cycle of assistance | -1 |  |

**Total Points**

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| --- | --- |
| Income Eligibility Point Total |  |
| Vulnerable Population Point Total |  |
| Fuel Point Total |  |
| Deduction Point Total |  |
| **TOTAL POINTS** |  |

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**TOTAL UTILITY BENEFIT PAYMENT :**