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Ottawa Tribal

Elders Utility Assistance Application

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*HELP WILL BE **PROVIDED UPON** AVAILABILITY OF FUNDS*

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1. **The applicant must be a member of the Ottawa Tribe.**

2. **You must bring your Ottawa Tribal Card with you & your CDIB Card.**

3. **The applicant must be at least 60 years old or older.**

4. **You must bring the electric, gas or water bill in with you that you are applying for help with.** *(All your utilities must be in the Ottawa Tribal applicant members 'name and with their address on it)* **All Checks are paid directly to the vendor. NO checks are paid to any individuals.**

5. **You must read and fill out all parts of application.**

6. **You may apply for assistance for utility help twice a year (must be at least be 6 months apart).**

7. **You must live in a 50 miles radius of the Ottawa Tribal Office.**

8. **If you have already been helped with your utility bills from the Tribal LIHEAP Program with in a 6 month span you can not receive help from the Elders Utility Assistance Program. If you have received helped from the Elders Utility Assistance Program with in the last 6 months you cannot receive help from the Tribal LIHEAP Program.**

ATTENTION!!!

There is a limit to the amount that we will pay and that amount can not exceed $300. If your bill is for more than $300 YOU must come up with rest of the money or make arrangements with the utility company to pay the rest off

Ottawa Tribe of Oklahoma
Elders Utility Assistance Program

Date: _____

Name: _____ Age ___ DOB: ___/____/_____ S.S.#: _____

Address _____ City _____ State _____ Zip _____

Home Phone: (_____)__Cell Phone: (_____)

Please check the one that pertains to you:_____Married_____Divorce_____Widower

Are You Employed: _____Yes _____No Employers Name: _____

Is Your Spouse Employed: ____ Yes _____No Employers Name:_____

I declare that the information I have given on my application is true and correct and that I do physically live at the above address and not living anywhere else. All utilities bills that I submitted in my name were acquired by me and no one else. All the information provided is accurate to my knowledge and I agree to inform the Tribe of any changes.

_____   _____
Counselor Intake Signature   Date   Applicants Signature   Date

Office Use Only			
Client was helped with: **Electric**	**Gas**	**Water**	**Propane**
Amount Paid: $_____	$ _____	$_____	$_____
		Total Amount $ _____	