

Ottawa Tribal Elders Utility Assistance Application

HELP WILL BE PROVIDED UPON AVAILABILITY OF FUNDS

1. The applicant must be a member of the Ottawa Tribe or a widower of a Ottawa Tribal member that has not remarried.
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 of a tribal member. If you checked widower of tribal member please give their name _____

Have you at any time been remarried since their death? Yes No

Spouse Name: _____ Age: ____ DOB: ____ / ____ / ____ S.S.#: ____ - ____ - ____

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 any where 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:	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Water	<input type="checkbox"/> Propane
Amount Paid:	\$ _____	\$ _____	\$ _____	\$ _____
				Total Amount \$ _____