Apache Tribe of Oklahoma

A.R.P. Homeowners Utility Assistance

Open 4/11/2022 – Closing 7/15/2022 of the application.

This assistance is geared to the Apache Tribe of Oklahoma homeowners to assist them with one utility bill. Applicant Must be 18 years, or older Apache Tribe of Oklahoma enrolled member & living in the United States. Assistance can only be used ONE time per address and tribal member. Only completed applications will be accepted.

Documents needed:

- ____Copy of Tribal ID/CDIB - Apache Tribe of Oklahoma
- ____Copy of the Deed to the Home / Mortgage Bill Statement
- ____Copy of the One Utility Bill
- ____W-9 for Utility Company (out of state)

This assistance is one-time assistance for Homeowners with one utility bill.

Please Note:

- $400.00 utility assistance will be paid to ONE Utility Company.
- If you have a remaining balance, you are responsible for paying the remaining balance.
- This assistance is a ONE TIME ASSISTANCE FOR HOMEOWNER’S.
- Utility Bill (Natural Gas, Propane, Utility Bill, Electricity, Water, Sewer, Trash services.)
- Copy of Deed to your home can be requested from:
  
  Caddo County Abstract Company
  ADDRESS: 109 SW 2nd Street, Anadarko, OK 73005
  PHONE: 405-247-3369
  (Homeowners that live in CADDO county)

- Utility Bill must match the Address on the Deed and/or Mortgage Statement.
Apache Tribe of Oklahoma
ARP Homeowners Utility Assistance
511 East Colorado
Post Office Box 1330
ANADARKO, OKLAHOMA 73005

Applicant Must be 18 years, or older Apache Tribe of Oklahoma enrolled member & living in the United States.
This assistance is open on 4/11/2022, and assistance will close on 7/15/2022.
Assistance can only be used ONE time per address and tribal member.
Only completed applications will be accepted. ARP Homeowners Utility Assistance is a ONE TIME ASSISTANCE.

Documents Needed:
____Copy of Tribal ID/CDIB - Apache Tribe of Oklahoma
____Copy of the Deed to the Home / Mortgage Bill Statement
____Copy of the One Utility Bill
____W-9 for Utility Company (out of state)

Applicant Information:

First Name: ___________________________ Middle Initial: _______ Last Name: ___________________________

Age: ___________ Date of Birth(mm/dd/yyyy): ___________________ Tribal Enrollment #: ___________________

Physical Address: __________________________________________ City: ____________________________

State: _________________ Zip Code: _________________ County: ____________________________

Mailing Address: __________________________________________ City: ____________________________

State: _________________ Zip Code: _________________ County: ____________________________

Phone Number: __________________________________________

List All Household Members: Including Yourself (Print Clearly)

<table>
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<tr>
<th>SEX</th>
<th>NAME (First &amp; Last Name)</th>
<th>AGE</th>
<th>DOB</th>
<th>CDIB</th>
<th>DISABILITY</th>
<th>HOUSEHOLD MEMBER</th>
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<td>SELF</td>
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Have you received any assistance through the ATO Emergency Rental Assistance Program?

YES  or  NO

If yes, date received A.T.O.- E.R.A.P.: ________________

Utility Assistance: (Natural Gas, Propane, Utility Bill, Electricity, Water, Sewer, Trash services.)

Only One Primary Household Bill

Type of Utility: __________________________________________________________________________________________

Utility Provider: _________________________________________________________________________________________

Amount $: __________________________ Due Date: __________________________

Payment Address for Company: _________________________________________________________________________________________

City: __________________________________ State: __________________________ Zip Code: __________________________

I attest that the information provided above is true and correct by my signature below. I understand that if I purposely falsify this document to receive funds, I will be denied assistance from the ARP Homeowners Utility Assistance. I also realize that utility assistance is only granted one time and any remaining balance on the bill is my responsibility to pay.

__________________________________________________________
APPLICANT’S SIGNATURE

__________________________________________________________
DATE

If you have any questions or concerns, please call.
Phone #: 405-247-9493 ext. 155, 105 or 116
Ways to turn in the Application:
Fax #: 405-480-2921
Email: atoemergrespprogram@gmail.com
Mail:
Apache Tribe of Oklahoma
Attn: Supportive Services
P.O. Box 1330
Anadarko OK 73005