

Apache Tribe of Oklahoma



A.R.P. Emergency Elder Utility Assistance

Open 4/22/2022 – Closing 7/15/2022 of the application.

This assistance is geared to the Apache Tribe of Oklahoma elders to assist them with one cut-off utility bill. Applicant Must be 55 years or older Apache Tribe of Oklahoma enrolled elder 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 One Utility Bill (Cut off Notice)
- _____W-9 for Utility Company (out of state- A.T.O. tribal members)

This assistance is one-time assistance for ATO Elder with one utility bill must be cut off notice.

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 ATO ELDERS.
- Utility Bill (Natural Gas, Propane, Utility Bill, Electricity, Water, Sewer, Trash services.)
- Utility Bill must match the address on the application; if the bill is in another person's name, that person must be listed on the Household member's part.

Ways to turn in the Completed Application:

- Hand-delivered to ATO Admin. Building.
- Fax #: 405-480-2921
- Email: atorescueplan@gmail.com
- Mail:

Apache Tribe of Oklahoma Attn: Supportive Services P.O. Box 1330 Anadarko OK 73005



A.R.P. Emergency Elder Utility Assistance



511 East Colorado Post Office Box 1330 ANADARKO, OKLAHOMA 73005

Applicant Must be 55 years or older Apache Tribe of Oklahoma enrolled elder member & living in the United States.
This assistance is open on 4/22/2022, 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. A.R.P. Emergency Elder Utility Assistance is a ONE TIME ASSISTANCE.

Copy of Tribal ID/CDIB - Apache Tribe of Oklahoma	
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- ____ Copy of the One Utility Bill (Cut off Notice)
- W-9 for Utility Company (out of state- A.T.O. tribal members)

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)

SEX	NAME (First & Last Name)	AGE	DOB	CDIB	DISABILITY	HOUSEHOLD MEMBER
						SELF

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

Only One Primary Household Bi	II		
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 A.R.P. Emergency Elder 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: atorescueplan@gmail.com Mail: Apache Tribe of Oklahoma Attn: Supportive Services P.O. Box 1330 Anadarko OK 73005