



## 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](mailto:atorescueplan@gmail.com)
- Mail:  
Apache Tribe of Oklahoma  
Attn: Supportive Services  
P.O. Box 1330  
Anadarko OK 73005



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 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

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