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)

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
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.

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)

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>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
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<td>SELF</td>
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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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