



APPLICATION FOR TRIBAL ENERGY ASSISTANCE

OVERVIEW:

TEA is designed to alleviate the immediate threat of utility service disconnection (i.e. electricity, gas, water/sewage, propane or heating oil/wood). Tribal members that meet the guidelines are eligible for this service. Any unpaid balances from a previous residence, any re-connect fees or deposits of any kind that are not “energy costs” will not be paid.

Individuals not working who apply for assistance will be required to attend *Money Management, Parenting and/or Career Building classes* before a pledge of assistance is made to the vendor. Elderly, handicapped individuals, those applicants who are working or attending school full time, or live out of State are exempt from the class requirements.

IMPORTANT:

This Program runs from January through December for tribal member who reside in the United States or until funds are depleted. This Program is on a **first come first serve basis**.

ELIGIBILITY:

To be eligible the following criteria must apply:

- Enrolled member of the Absentee Shawnee Tribe (signature of Tribal member required)
- 18 years of age or older **NO EXCEPTIONS**
- Utility bill(s) must be in the tribal member’s and/or spouse’s name (if in spouse name, spouse must reside in the home) **NO EXCEPTIONS**
- **TOTAL RESIDENCE** income must not exceed a net pay of \$2,800.00 per month
- Attend and complete classes (as required)

REQUIRED DOCUMENTATION:

Applicants are required to bring and complete the following documentation:

- Social Security cards for **ALL** members residing in the residence
- CDIB cards for **ALL** members residing in the residence (if applicable)
- Current utility bill and/or disconnect notice
- Current 30 days income verification (i.e. check stub, social security, unemployment, TANF, etc.)
- Unemployed persons must complete self-certification form provided by case worker

BENEFIT AMOUNT:

Assistance is limited to a **one time payment** of **\$150.00 per year, per residence** and is a **“use it or lose it basis.”**



Please provide the **ALL** required documents listed below that apply to your particular situation.

An incomplete application will cause a delay or denial in services. Should you utility service be disconnected or accrue late fees due to an incomplete application the Social Services ***will not*** pay any of the reconnections and/or late fees.

***FOR ALL HOUSEHOLD MEMBERS 18 years-old and older**

1. ***Income (Earned, Retirement, Pension, TANF, etc.)** : Check stubs, award letter, or website statement which include date, name or social security number, and total income before deductions. If check stubs are not available, a signed statement from your employer showing dates paid, amounts paid, hourly rate and hours worked in proof if it dated and includes the address and phone number of the person signed the statement.
2. ***Unemployed and/or Unemployment Benefits:** Unemployment self-certification form provided by Social Services for those not working or copy of your current award letter, check or summary of wages for those who receive unemployment benefits.
3. ***Self-Employed:** Self-employment certification form provided by Social Services and/or copy of last years tax return or current record books of your earnings and expenditures.
4. ***Photo ID's:** Social Security card, and C.D.I.B card. As well as, Drivers License and/or State ID.
5. **Utility Bill:** Current 30 days bill and/or disconnect notice for electricity, gas, water/sewage, propane or heating oil/wood. Remember: utility bill MUST be in tribal member or spouses name and spouse MUST reside in the home.

By signing below, I certify I have read the guidelines and understand the items above are required to complete and process my application for Tribal Energy Assistance. I further certify this is not an entitlement program and is based only on funding availability.

Tribal Member Signature

Date

Co-Applicant

Date



DATE _____

CLIENT CASE NUMBER _____

APPLICATION FOR TRIBAL ENERGY ASSISTANCE

PART 1. GENERAL INFORMATION

LAST FIRST MIDDLE MAIDEN

ADDRESS CITY STATE COUNTY ZIP CODE

PREVIOUS ADDRESS CITY STATE COUNTY ZIP CODE

PHONE NUMBER MESSAGE/CELL PHONE MARITAL STATUS

Is applicants' name on utility bills? Yes No
If no, tell us who is responsible for the bill and their relationship to applicant: _____

PART 2. FAMILY UNIT INFORMATION

FILL IN ALL SPACES BELOW FOR **ALL** HOUSEHOLD MEMBERS

FAMILY SIZE: _____

MEMBERS OF HOUSEHOLD	BIRTHDATES			SEX	RELATION TO APPLICANT	S.S. NUMBER	TRIBE
	MO.	DAY	YR.				
1.					SELF		
2.							
3.							
4.							
5.							
6.							
7.							
8.							

PART 3. RECORD OF INCOME AND RESOURCES

IF ANYONE IN YOUR HOUSEHOLD RECEIVES ANY OF THE FOLLOWING.

- Earned Unearned Unemployment Child Support/Alimony BIA Assistance
 Workmen's Comp SSI Retirement Social Security Veteran Benefits
 Survivor Benefits Financial Aid Self-Employed TANF Other: _____

TOTAL MONTHLY NET INCOME: _____

If you send your application in:	Send verification of all income received in:	If you send your application in:	Send verification of all income received in:
January	December 1 – December 31	July	June 1 – June 30
February	January 1 – January 31	August	July 1 – July 31
March	February 1 – February 28	September	August 1 – August 31
April	March 1 – March 31	October	September 1 – September 30
May	April 1 – April 30	November	October 1 – October 31
June	May 1 – May 31	December	November 1 – November 30

PART 4. AUTHORIZATION & UNDERSTANDING

I hereby authorize Absentee Shawnee Tribe Department of Social Services to make any necessary investigation of my household’s financial situation and other conditions relating to eligibility, including, but not limited to, examination of my account with any public utility provider. I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits which he or she is ineligible to receive may be subject to prosecution to the fullest extent of the appropriate state or federal statute. **Approval/check process may take 7 to 14 business days; it is the clients’ responsibility to make payments, payment agreements and/or delivery arrangements with utility providers accordingly.**

****Social Services Department is not responsible for any cut-offs, late deliveries, or other fees that may occur.****

Tribal Member Signature

Date

Co-Applicant

Date

When your application is processed, you will be contacted by mail.

OFFICE USE:

- Approve
- Denied
- Incomplete

Action taken: _____

Social Service Representative

Date