



## **Absentee Shawnee Tribe of Oklahoma**

### **COVID-19 Energy Assistance Program**

On behalf of the Absentee Shawnee Tribe of Oklahoma, the Executive Committee has established the **COVID-19 Energy Assistance Program** in response to the pandemic. The Executive Committee understands the impact this pandemic has had on our AST community and wants nothing more than to help serve our people. With this being said, the **COVID-19 Energy Assistance Program** is designed to help alleviate the risk of energy utility service disconnection (i.e. electricity, gas, propane or heating oil/wood).

The **COVID-19 Energy Assistance Program** is a one-time payment of **\$300.00** for eligible AST enrolled tribal members. This service can be used as a credit or full payment for **(1)** energy bill. The Absentee Shawnee tribal members who meet the guidelines are eligible for this service. Any unpaid balances from previous residences, any re-connection fees or deposits of any kind that are not "energy costs" will not be paid.

The one-time payment of \$300.00 will be made to the vendor (energy utility company). No payment or reimbursement will be made to the applicant. **This one-time payment assistance will be used towards one (1) energy utility bill.**

*\*For questions or additional information, please email: [energyassistance@astribe.com](mailto:energyassistance@astribe.com) or call AST Enrollment @ (405)275-4030.\**

#### **COVID-19 Energy Assistance Program Dates:**

Application Acceptance Begins	Monday, September 28, 2020 @ 8:00 AM CST
Application Acceptance Ends	Friday, October 30, 2020 @ 11:59 PM CST

#### **COVID-19 Energy Assistance Eligibility:**

- Must be an enrolled member of the Absentee Shawnee Tribe of Oklahoma on or before **June 1<sup>st</sup>, 2020**
- Must be 18 years of age or older
- Must have a copy of AST tribal members updated CDIB card (attached to application)
- Must complete the **COVID-19 Energy Assistance Program** application for AST tribal member
- Energy bill must be in the enrolled AST tribal member and/or spouse's name (if in spouse's name, spouse must reside in the home. AST member & spouse must attached driver's license or state issued IDs) **NO EXCEPTIONS**
- All applications **MUST BE SUBMITTED ON OR BEFORE FRIDAY, OCTOBER 30<sup>th</sup>, 2020**

#### **COVID-19 Energy Assistance Required Documents:**

- ✓ A completed **COVID-19 Energy Assistance Program** application
- ✓ Copy of updated AST CDIB
- ✓ Copy of Driver's License or State issued ID (AST member and/or spouse, as needed)
- ✓ Copy of energy utility (payment) statement

#### **COVID-19 Energy Assistance Application Submission Options: NO FAXES**

- By mail to AST Enrollment Department, 2025 S. Gordon Cooper Dr., Shawnee, OK 74801
- By AST website electronic application
- By appointment with AST Enrollment Department
- By email to [energyassistance@astribe.com](mailto:energyassistance@astribe.com)

**\*\*\* PLEASE NOTE: NO EMERGENCY CUT-OFF NOTICES & ALLOW PROCESSING TO TAKE UP TO 30 DAYS \*\*\***



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**\*\*\* AST ENROLLED TRIBAL MEMBERS MUST HAVE A COMPLETED APPLICATION \*\*\***

**GENERAL INFORMATION**

<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>	
<hr/>				
<i>Address</i>	<i>City</i>	<i>State</i>	<i>County</i>	<i>Zip Code</i>
<hr/>				
<i>Home/Cell Phone</i>	<i>Marital Status</i>	<i>Date of Birth</i>	<i>Sex</i>	<i>CDIB No.</i>
<hr/>				

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

**{AST tribal or spouse must attach driver's license or state issued ID}**

**UTILITY INFORMATION**

**Natural gas or electricity** – Attach bill to application

Company name:	Account name:
Account name (as shown on your bill)	If the account is not in your name, explain?
Company mailing address:	

**Propane or butane** – Attach bill to application, I use (check one): ☐ Yes ☐ No

Company name:	Account name:
Account name (as shown on your bill)	If the account is not in your name, explain?
Company mailing address:	

**Heating Fuel** – I use (check one): ☐ Firewood ☐ Coal ☐ Oil ☐ Kerosene

I understand that on behalf of the Absentee Shawnee Tribe of Oklahoma, the Executive Committee has provided the **COVID-19 Energy Assistance Program**, which will be a one-time payment for my (electrical, gas or heating oil/wood) utility.

I understand that this one-time payment of **\$300.00** will be issued to one **(1)** utility company.

I understand that if I submit any false information, I will not be eligible for the **COVID-19 Energy Assistance Program**.

\_\_\_\_\_  
*Applicants Signature*

\_\_\_\_\_  
*Date*