



Absentee Shawnee Tribe of Oklahoma
COVID-19 Utility Assistance Program

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

On behalf of the Absentee Shawnee Tribe of Oklahoma, the Executive Committee has expanded the **COVID-19 Utility 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 Utility Assistance Program** is designed to help alleviate the risk of utility service disconnection (i.e. electricity, gas, propane, heating or water).

The **COVID-19 Utility Assistance Program** is a one-time payment of **\$400** for eligible AST enrolled tribal members. This service can be used as a credit or full payment for one **(1)** utility 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 “utility costs” will not be paid.

The one-time payment of \$400 will be made to the vendor (utility company). No payment or reimbursement will be made to the applicant. **This one-time payment assistance will be used towards one (1) utility bill.**

For questions or additional information, please email: utilityassistance@astribe.com or call the AST CARES line @ (405)481-8625.

COVID-19 Utility Assistance Program Dates:

Application Acceptance Begins Monday, May 3rd, 2021 @ 8:00 AM CST
Application Acceptance Ends Friday, June 4th, 2021 @ 11:59 PM CST

COVID-19 Utility Assistance Eligibility:

- Must be an enrolled member of the Absentee Shawnee Tribe of Oklahoma **on or before June 1st, 2020**
- Must be 18 years of age or older **on or before June 1st, 2020**
- Must have a copy of AST tribal members updated CDIB card (attached to application)
- Must complete the **COVID-19 Utility Assistance Program** application for AST tribal member
- Utility 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 attach driver’s license or state issued IDs) **NO EXCEPTIONS**
- All applications **MUST BE SUBMITTED ON OR BEFORE FRIDAY, JUNE 4TH, 2021 by 11:59 PM CST**

COVID-19 Utility Assistance Required Documents:

- A completed **COVID-19 Utility Assistance Program** application (online or PDF)
- Copy of updated AST CDIB
- Copy of Driver’s License or State issued ID (AST member and/or spouse, as needed)
- Copy of full and most current utility bill (name must match what’s on your CDIB)

COVID-19 Utility Assistance Application Submission Options: NO FAXES

- By snail mail to AST Enrollment Department, 2025 S. Gordon Cooper Dr., Shawnee, OK 74801
- By AST website electronic application (strongly suggested)
- By email to utilityassistance@astribe.com



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

GENERAL INFORMATION

Last First Middle Maiden

Address City State County Zip Code

Date of Birth Home/Cell Phone Email

CDIB No. Sex Marital Spouse

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

➤ Does your individual income exceed \$100,000.00? Yes No

Electricity – Attach bill to application

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

Natural gas or Propane – Attach bill to application:

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

Water – Attach bill to application

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



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

I understand that this one-time payment of **\$400.00** 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 Utility Assistance Program**.

Applicants Signature

Date