2020
Utility Assistance

$1000.00 (64 & Under) (Head of Household)

$1200.00 (65 & over) Must be 65 By January 1st - (Head of Household)

This service is limited to the **Head of Household**. Head of household is defined as the person who applies for the assistance. If there is more than one Quapaw in the household, then the rest of the Quapaw Nation members will NOT BE ELIGIBLE. If a minor child is living with a nonmember parent and they are the only Quapaw or the eldest child, then they will be considered head of household.

*** If a **minor child is living with a nonmember parent or legal guardian you must submit legal documentation** stating placement of said minor child *at the beginning of each funding cycle* to be eligible to use services. **LEGAL DOCUMENTATION:** All legal documentation must come from the court and have a court Seal/Stamp with the case number and date on the document. In the event that a court stamped document is not available, other legal documentation will be reviewed by the social services committee on a case by case basis to determine eligibility.

Utility Assistance is described as the following:

<table>
<thead>
<tr>
<th>NATURAL GAS/PROPANE</th>
<th>ELECTRIC</th>
<th>WATER</th>
<th>SEWER/SANITATION</th>
<th>UTILTIY DEPOSITS</th>
</tr>
</thead>
</table>

*This service is for current incurred costs on active accounts. Inactive accounts will not be paid. Please submit your utility bills monthly. This service is PAY TO VENDOR ONLY for Head of Household’s primary residence. NO reimbursements. We do not pay late fees or reconnect fees. We do not pay phone, cable, internet, satellite or cell phone bills.*

Please submit the following:

___ Completed Application (signed and dated)

___ Original Bill (Complete with payment stub and dates of service. Submitting just the bottom portion of a bill will not be accepted) we do not accept copies or faxes.

___ If the bill is in your **spouse’s name**, please complete the **spouse form** and send a copy of Tribal members **Valid State Issued Photo ID**.

___ If you are the custodial parent of a **minor child**, please complete the **Custodial Parent Form** and attach legal documentation, send a copy of your **VALID State Issued Photo ID** with **physical address** matching the utility bill address to verify proof of residency. We will only pay from the **ID issue date forward**. Any amount due prior to your ID issue date is the responsibility of the landlord/roommate.

___ If the bills are in your **landlord/roommate’s name** then you must complete the **landlord/roommate form**. You will need to submit **a notarized copy of your lease** and a copy of your **Valid State Issued Photo ID**. It must have a physical address on it to reflect the address on the utility bill. We will pay from the issue date forward. Landlord/roommate is responsible for any amount prior to issue date.

___ **If the utilities are included in your rent** you must provide a notarized copy of your lease/rental agreement. it must include the name of a contact person; a phone number and remittance address. Complete the **landlord/roommate form** and provide a copy of your **Valid State Issued Photo ID** with physical address. To received utility assistance, you must apply each month. The allotted utility amount will be divided by 12 to determine amount payable.

Revised 11/19/2019
Applicants Name: _______________________________ Date: ______________
(Parent or Guardian)
ROLL#________ PHONE #________________________ SS# __________/__________/ __________

Physical address: __________________________________________________________
______________________________________________________________________________
City __________________________________ State __________________________________ Zip __________

Mailing address: ______________________________________________________________
______________________________________________________________________________
City __________________________________ State __________________________________ Zip __________

**ALL CLAIMS ARE PAY TO VENDOR ONLY**

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Utility Assistance</th>
<th>Quapaw Nation Member</th>
<th>Roll Number</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Action</td>
<td>64 &amp; Under</td>
<td></td>
<td></td>
<td>$1000.00</td>
</tr>
<tr>
<td>Balance</td>
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<td>Action</td>
<td>65 &amp; Over</td>
<td></td>
<td></td>
<td>$1200.00</td>
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<tr>
<td>Balance</td>
<td>(Must be 65 by January 1(^{st}))</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*We do NOT accept faxes or emails.* All applications must be hand delivered or mailed to the Tribal office. If you don’t have enough funding to pay your entire utility bill, *do NOT send a check to the Tribal office for the balance due.* Please send it to your Utility Vendor. Thank you.

_________________________________________________________  ___________________________
Quapaw Nation Member/Parent/Guardian’s Signature  Date

Revised 11/19/2019
2020
Landlord or Roommate Form
(This form must be signed by the Landlord/Roommate)

Name of Tribal member: ____________________________

Name of Landlord or Roommate: ____________________________

Relationship to Quapaw Nation member: ____________________________

How long have you been at this address? ____________________________

You must submit a **NOTARIZED** copy of your lease/rental agreement with your application. If utility bill is **not** in your name you must bring in a copy of your Valid State Issued Photo ID with current physical address to verify proof of residency at the billing address on utility bills. This needs to be updated at the beginning of each funding cycle. **ID must reflect that you have lived there for at least 30 days.** We will pay current bill only, beginning 30 days after the issue date on your drivers’ license. Any past due amounts are the responsibility of the landlord or roommate.

Are utilities included in rent? Yes No
If yes, please explain breakdown ____________________________

Please list the name and address of where payments will need to be sent if utilities are included in the rent.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
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</table>

By signing this form, I declare that the information above is true and I understand any false information is grounds for penalty by law.

**LANDLORD OR ROOMMATE’ SIGNATURE**

**CONTACT PHONE NUMBER**

Please submit this form to the following address:

Quapaw Nation
Attention: Social Services Department
P.O. Box 765
Quapaw, OK 74363

Revised 11/19/2019
2020
NON-TRIBAL CUSTODIAL PARENT FORM

(This form must be completed by custodial parent if your utility bill is not in custodial parent’s name)

Name of Tribal Member: _________________________________________________________________

Name of Custodial Parent/Guardian___________________________________________________________

Name of person on bill _________________________________________________________________

Relationship to tribal member: _____________________________________________________________

How long have you lived at this address? _____________________________________________________

Custodial parent **must bring in a copy of your Valid State Issued Photo ID**, with **current physical address**
to verify proof of residency at the billing address on the utility bills. This form needs to be updated at the
beginning of each funding cycle.

Custodial parents must provide the Social Services department with a copy of their **Valid State Issued
Photo ID** and **legal documentation** showing the nontribal parent or guardian has custody of minor child.
*(See utility guidelines).*

*By signing this form, I declare that the information above is true and I understand any false information is
grounds for penalty by law.*

__________________________________________________________

(Custodial Parent's Signature) (Contact Phone Number)

Please submit this form to the following address:

Quapaw Nation
Attention: Social Services Department
P.O. Box 765
Quapaw, OK 74363

Revised 11/19/2019
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SPOUSE FORM
(This form must be signed by spouse)

Name of Tribal Member: ________________________________________________________________

Name of Spouse: _______________________________________________________________________

How long have you lived at this address? ________________________________________________

If the utility bill is not in your name but it's in your spouse's, you must bring in a copy of your Valid State issued Photo ID with your current physical address to verify proof of residency at the billing address. (Once we have this form on file you will not need to submit one each funding cycle unless there are changes in your information.)

By signing this form, I declare that the information above is true and correct. I understand any false information is grounds for penalty by law.

__________________________________________ (Spouse's Signature) (Contact Phone Number)

Please submit this information to the following address:

Quapaw Nation
Attention: Social Services Department
P.O. Box 765
Quapaw, OK 74363