




YAVAPAI-APACHE NATION  
Tribal Assistance Program  
**Elder/Disabled Utility Assistance Application**







## Elder/Disabled Utility Assistance Program

Effective February 24, 2005, Tribal Council passed a new resolution defining the qualifications for the Elder/Disabled Utility Assistance Program. A household of a Tribal Member who is sixty (60) years of age or who is **permanently disabled and unable to work full-time or part-time**, the Tribal Assistance Program will pay these Tribal Member's utility and telephone bills annually, which consist of electric, gas/propane, water/sewer, trash, and only local basic telephone services. To be eligible, all statements must be in the name of the Tribal Member applying for benefits and must be listed as head of household of his/her residence.

For all *Elders* who are sixty (60) years of age please submit copies of the following documents:

-  Yavapai-Apache Nation Enrollment Card. This confirms membership status and age verification.
-  Copies of all earned and unearned income received from entire household. (Last two paycheck stubs, Retirement/Pension, Social Security Disability or SSI Award Letter, Veteran's Benefits, Survivor's Benefits, TANF, and Child Support)
-  Copy of either lease agreement or deed/title supporting ownership of home. If you are not listed as primary tenant of rental unit/home you have not met the requirement of head-of-household status and therefore not eligible for the Elder/Disabled Utility Assistance Program.

As for all *Disabled* members please submit copies of the following documents:

-  Yavapai-Apache Nation Enrollment Card. This confirms membership status.
-  Copy of statement from physician indicating "permanent disability" or Social Security Disability/SSI Award Letter.
-  Copies of all earned and unearned income received from entire household. (Last two paycheck stubs, Retirement/Pension, Social Security Disability or SSI Award Letter, Veteran's Benefits, survivor's Benefits, TANF, and Child Support).
-  Copy of either lease agreement or deed/title supporting ownership of home. If you are not listed as primary tenant of rental unit/home you have not met the requirement of head-of-household status and therefore not eligible for the Elder/Disabled Utility Assistance Program.

If you have any questions regarding the assistance available or require assistance in completing the attached application, please feel free to contact the Tribal Assistance Program Office.

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APPLICANT INFORMATION:				
LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME	
MAILING ADDRESS		CITY	STATE	ZIP CODE
PHYSICAL ADDRESS		CITY	STATE	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE	CELLULAR TELEPHONE	EMAIL ADDRESS	

FAMILY PROFILE:					
RESIDENTS OF HOUSEHOLD START WITH YOURSELF	RELATION TO APPLICANT	ENROLLMENT#	SOCIAL SECURITY#	DATE OF BIRTH	SEX M or F
1.	SELF				
2.					
3.					
4.					
5.					
6.					
7.					

INCOME QUESTIONAIRE:						
1. <input type="checkbox"/> YES <input type="checkbox"/> NO Do you, or anyone in your household, expect to receive money from work? This includes all income, wages, salaries, tips or commissions from any type of work, whether full-time or part-time, temporary, seasonal, or self-employment.						
NAME OF EMPLOYED PERSON(S)	NAME OF EMPLOYER	EMPLOYER'S TELEPHONE	HOURS PER PAY PERIOD	HOURLY WAGE	MONTHLY GROSS INCOME	MONTHLY NET INCOME
					\$	\$
					\$	\$
					\$	\$

2.  YES  NO Do you or anyone in your household receive or expect to receive money from any of the following sources?

Child Support	Social Security/SSI	Scholarships, Grants/loans
Cash Assistance/TANF	Retirement/Pension	Tribal Money/Per-Capita
General Assistance BIA/State	Unemployment	Any Government Check
Food Stamps	Worker's Compensation/Industrial	Personal Gifts/loans

NAME OF PERSON RECEIVING MONEY	SOURCE	HOW OFTEN RECEIVED (Weekly, Bi-Weekly, Monthly)	AMOUNT RECEIVED
			\$
			\$
			\$

3.  YES  NO Do you or anyone in your household expect to receive money from any other source, which was not listed above?

NAME OF PERSON RECEIVING MONEY	SOURCE	HOW OFTEN RECEIVED (Weekly, Bi-Weekly, Monthly)	AMOUNT RECEIVED
			\$
			\$

4. Enter household's total gross and net monthly income:

MONTHLY GROSS INCOME	MONTHLY NET INCOME
\$	\$

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**DISABILITY QUESTIONNAIRE: (Disabled Members Only)**

5.  YES  NO Do you have a disability that prevents you from working? If you marked YES, **please provide "permanent disability" statement from physician or Social Security Disability/SSI Award Letter.**
6.  YES  NO Have you applied for Social Security Disability Benefits? If you marked YES, what is the status of your application?  
 Approved  Denied  Pending  Unknown

**APPLICATION SUMMARY PROCESS:**

Once the Tribal Assistance Program receives your completed application with all required documentation, the Tribal Assistance Coordinator will review application and will provide a decision in writing within seven (7) operating business days whether you are approved or denied for Elder/Disabled Utility Assistance Benefits.

If you are approved and once you receive an approval notice via mail, you have the option of hand-delivering, faxing, or mailing in your entire utility and telephone statements. If you choose, you may contact each vendor and request all future invoices to be mailed to: Tribal Assistance Program 2400 W. Datsi Street Camp Verde AZ 86322. The Tribal Assistance Program will provide monthly payments for electric, natural gas/propane, water/sewer, trash and telephone services. Telephone payments are limited to basic-local services only. All long distance and optional charges are you and your household's responsibility. Please ensure all utility and telephone bills are in your name and in current status. If any utility or telephone bill includes a previous balance, you and will be responsible for those charges and the Tribal Assistance Program will provide payment for current charges. If any utility or telephone bill is submitted and you are not listed as an account holder, that bill will not be paid until the account is transferred into your name and a monthly statement is issued in your name.

In the case you are denied for Elder/Disabled Utility Assistance Benefits, you have a right to request a review of application/case file if a decision is determined that you do not agree with.

**STATEMENT OF COOPERATION**

1. I have agreed to supply a copy of my Yavapai-Apache Nation Enrollment Card.
2. I agree to supply information regarding my entire household's resources and income.
3. I agree to supply a copy of entire lease agreement or deed/title of my home/rental unit.
4. I have read or had explained to me the application process to receive Elder/Disabled Utility Assistance Benefits.
5. By signing below I give my permission for the Yavapai-Apache Nation Tribal Assistance Program to obtain any information needed to determine potential eligibility for Elder/Disabled Utility Assistance Benefits.

APPLICANT SIGNATURE	DATE
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**TRIBAL ASSISTANCE PROGRAM OFFICE ONLY**

<input type="checkbox"/> <b>APPROVED</b>	
<input type="checkbox"/> <b>DENIED</b>	
TRIBAL ASSISTANCE COORDINATOR SIGNATURE	DATE