



## UTILITY ASSISTANCE APPLICATION

### YAVAPAI-APACHE NATION Tribal Assistance Program

The Yavapai-Apache Nation Tribal Council has recognized the critical importance of establishing a Tribal Assistance Program to provide temporary financial relief for Tribal Members and their families. The Tribal Assistance Program was developed May 14, 1998.

#### What does Utility Assistance Provide?

- Utility Assistance is offered to eligible adult Tribal Members by assisting with temporary payments for natural gas, propane, electricity, trash, water and sewer. In order to receive this assistance, all utility statements must be in the name of the adult Tribal Member who is head-of-household.

#### How do I apply?

- Adult Tribal Member who is head of household must complete the attached application forms and return it to the Tribal Assistance Program with copies of all the following documents:
  - ✓ **Yavapai-Apache Nation Enrollment Card**
  - ✓ **Current & complete utility bill(s)**
  - ✓ **Entire lease agreement, deed/title or current YANTH Rent & Household Composition Form.**
- If you are determined eligible for Utility Assistance, payment will be issued directly to the utility company for the total amount due, **no greater than \$250. This assistance is available once per calendar year.**

#### How long can the Tribal Assistance Program take to decide my eligibility?

- When entire application form is complete and returned with all required documents, the Tribal Assistance Program must make a decision within 2 business days from the date and order your application is received.

#### IMPORTANT INFORMATION:

- \* Utility Assistance is not provided for security deposits or re-connection fees for any utility expense.
- \* **All adult residents** of household must sign & date Authorization for Release of Information Form.
- \* When inquiring about the status of your application, information will only be disclosed to the adult Tribal Member who has applied for assistance.
- \* If you require assistance in completing the application or have any questions regarding the assistance available, please contact the Tribal Assistance Program.

**UTILITY ASSISTANCE APPLICATION**  
**YAVAPAI-APACHE NATION**  
**Tribal Assistance Program**

1. I am applying for assistance for my:       Electric Bill                       Natural Gas/Propane Bill                       Water/Sewer/Trash Bill

LEGAL NAME (Last, First, Middle)				MAIDEN NAME		
MAILING ADDRESS		P.O. BOX/Street	CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS		Street	CITY	STATE	ZIP CODE	
HOME TELEPHONE	WORK TELEPHONE	CELLULAR OR MESSAGE NUMBER	EMAIL ADDRESS			
LIST EVERYONE THAT LIVES WITH YOU. START WITH YOURSELF		RELATION TO APPLICANT	ENROLLMENT NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
1.		<b>SELF</b>				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

<input type="checkbox"/> Check here if you have received Utility Assistance for the calendar year of 2025 and provide date received. ⇨⇨⇨	
<input type="checkbox"/> Check here if your utility services are scheduled for disconnection and provide disconnection date. ⇨⇨⇨⇨⇨⇨⇨	
<input type="checkbox"/> Check here if your utility services are currently shut-off and provide date they were shut-off. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨	
<input type="checkbox"/> Check here if you are low or out of propane and provide percentage remaining in tank. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨	

**AS DETAILED AS POSSIBLE, EXPLAIN WHY YOU ARE UNABLE TO MEET YOUR UTILITY OBLIGATION THIS MONTH.**

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<b>STATEMENT OF COOPERATION</b>	
1. I have supplied a copy of my Yavapai-Apache Nation Enrollment Card to verify enrollment membership. 2. I have supplied a copy of my entire lease agreement or deed/title of my home/rental unit. 3. I have read or had explained to me the application process to receive Utility Assistance Benefits. 4. I give my permission for the Yavapai-Apache Nation Tribal Assistance Program to obtain any information needed to determine potential eligibility for Utility Assistance Benefits. 5. By signing below I am stating that the information provided to the Tribal Assistance Program is true to the best of my knowledge.	
APPLICANT'S SIGNATURE	DATE

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**Tribal Assistance Program**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release of information requested by the Department of Social Services Tribal Assistance Program or its representatives to verify my financial information, where I live, and residents of my household. The Department of Social Services Tribal Assistance Program will only use the information for the assistance of which I have applied. The Department of Social Services Tribal Assistance Program will not release this information to any other person or agency outside the Tribal Assistance Program or its representatives. This release of information remains in effect while I am a recipient of the Tribal Assistance Program, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: local governments, public assistance programs, health care providers, landlords, employers, private individuals and other departments within the Yavapai-Apache Nation.

**A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

APPLICANT'S SIGNATURE	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE