

Little Traverse Bay Bands of Odawa Indians
Elder's Program
Emergency Fuel & Utility Assistance Program

Name _____ Enrollment # _____
 Address _____ Birthdate _____
 City _____ State _____ Zip _____ Phone _____

Other persons living in household

Name	
1.	
2.	
3.	
4.	
5.	

I am in need of assistance because: (please complete below)

Income: Documentation must be provided for all income for all persons living in home

Name	Income Source	x 12 = Annualized Income

Vendor information:

Vendor Name	
Complete Mailing Address	
Your Account Number	

- I understand that I can apply only once per 12 month period for assistance (utility shutoff or propane tank less than 10%) and must have received a denial from all other applicable governmental services/programs.
- I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.
- I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.
- I understand that failure to provide all necessary information and documentation can result in denial of my application
- I understand that I may request a hearing if I disagree with action taken on this application
- I understand that I have the right to a hearing if I do not receive a decision notice within that time.
- I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.

Applicant's Signature _____ Date _____

Elder's Program Signature _____ Date _____

Documentation Checklist **Office use only do not write below this line**

- Completed application
 Supporting Income Documentation
 Utility Shutoff notice or Propane Tank less than 10%
 Denial from other applicable governmental service/program
 Copy of Tribal ID