

LTBB ELDERS PROGRAM

Emergency Fuel & Utility Program Application

OFFICE USE ONLY DO NOT WRITE

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | COMPLETED APPLICATION |
| <input type="checkbox"/> | A COPY OF MY TRIBAL ID |
| <input type="checkbox"/> | DENIAL LETTER |
| <input type="checkbox"/> | W-9 |
| <input type="checkbox"/> | ESTIMATE |
| <input type="checkbox"/> | INVOICE |
| <input type="checkbox"/> | INCOME VERIFICATION |

**To contact the Elders Department, please call
(231) 242-1423 and we will gladly help you!**

Notes:



Little Traverse Bay Bands of Odawa Indians
Elders Program
Emergency Fuel & Utility Application

Name:	Enrollment #:		
Address:	Birth Date:		
City:	State:	Zip:	Phone #:

Other Persons Living in Household:
Name
1.
2.
3.
4.
5.

Reason for assistance:

Income: Documentation MUST be provided for all persons living in home.

Name:	Income Source:	x12= Annualized Income

VENDOR NAME:
COMPLETE MAILING ADDRESS:
YOUR ACCOUNT #:

READ BEFORE SIGNING

- I understand that I can apply only once per 12 month period for assistance.
- 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 have a right to 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.
- Please include copy of Tribal ID.

Applicant's Signature: _____ Date: _____

Elders Program Signature: _____ Date: _____