Delaware Tribe of Indians

Utility Supplement Program Application

Heating Assistance Fall 2026

Tribal Member Name_____

Delaware Tribal Member Number_____

Phone Number (_____)_____

Address_____

City: _____State: _____ Zip Code: _____

(Select one of the service options below using an X)

Propane_____ Natural Gas _____

Household propane tank provided _____

Name of propane/gas company Phone # Acct #

_____ _____

Signature of Tribal Member Date

Copy of your membership card required for each applicant. Please see enrollment if you do not have your card.
Copy of state issued Id
One application per household.
One time assistance until funds are expended.
Copy of propane/gas bill in Tribal members name required.
Established account required

You can drop off or mail in your application and supporting documents to 5100 Tuxedo Blvd Bartlesville, OK 74006 Attn: Enrollment Dept. Bartlesville, OK 74006.