



# Delaware Tribe of Indians Heating & Cooling Assistance Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

## Household Information


List of People in  
Household (including  
applicant):

Have You Received Assistance From This  
Program Before?:

YES  
☐

NO  
☐

Season Applying For:

Cooling (May-Aug)  
☐

Heating (Sept-Dec)  
☐

## Utility Provider Information

Utility Provider: \_\_\_\_\_

Utility Account Number:: \_\_\_\_\_

Name on Account (Must Match Applicant Name): \_\_\_\_\_

## Required Documents Checklist

Attach copies of the following documents to complete your application:

- ☐ Copy of current Utility Bill in the name of the Tribal member
- ☐ Copy of Delaware Tribal ID (contact Enrollment Office if you need assistance)
- ☐ Copy of State-Issued Photo ID
- ☐ This completed application form

## Certification

*I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any false statements may result in the denial or repayment of benefits received. I authorize the Delaware Tribe of Indians to verify the information provided.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_