

Delaware Tribe of Indians
Community Service Committee
170 NE Barbara * Bartlesville, OK 74006 * (918) 337-6572

Date: _____

Utility Assistance Application Form

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Delaware Tribal Registration Number: _____

Date of Birth: _____ Age: _____ Applicant Phone: _____

E-mail: _____

Utility Assistance:

Provides emergency utility assistance for tribal members up to \$200. Payment will be made directly to the vendor or utility company and may include gas, propane, water, electric, wood or related utility services. Utility deposits or reconnect fees are not considered for payment in this program. Original bill or a copy must accompany the application. Telephone and Cable TV are not covered. Bills submitted must be in tribal member's name. Payment for services will be made to the vendor.

Required Documentation:

- ✓ Copy of service provider billing/estimate or receipt. Provider name, address, phone, contact person and date of service *must* accompany the application.
- ✓ Copy of a photo ID (driver's license, tribal photo ID) and Tribal Enrollment card *must* accompany the application. Contact Enrollment Office for cards.
- ✓ A short statement about situation for which assistance is requested.

Incomplete applications are not considered

- **Approval of application must be obtained prior to the service payment.**
- Non-tribal members are not eligible for services.

Vendor/Provider name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Applications are approved on a case by case basis. Emergency applications are considered as received. Any Tribal member purposely attempting to defraud the committee will be ineligible for any community service program for a period of one (1) year.*

Community Service Committee Use Only:

Approved By: _____ Date: _____

Total Amount: \$ _____

Denied By: _____ Date: _____

Reason for Denial: _____