

Utility Assistance Benefits available at the Tribal Assistance Program for Yavapai-Apache Nation adult Tribal Members

The Yavapai-Apache Nation Tribal Council has recognized the critical importance of establishing a Tribal Assistance Program to provide temporary financial relief for Tribal Members and their families. The Tribal Assistance Program was developed May 14, 1998.

What does Utility Assistance Provide?

- Utility Assistance is offered to eligible adult Tribal Members by assisting with temporary payments for natural gas, propane, electricity, trash, water and sewer. In order to receive this assistance, all utility statements must be in the name of the adult Tribal Member who is head-of-household.

How do I become eligible for Utility Assistance?

- Adult Tribal Members become eligible for Utility Assistance when they meet all the following requirements:
 - ❖ Entire household income is below or meets the Income Guideline Scale listed below.
 - ❖ Proof of head-of-household status of physical residence has been verified.

TRIBAL ASSISTANCE PROGRAM INCOME GUIDELINE										
NUMBER OF RESIDENTS IN HOUSEHOLD										
	1	2	3	4	5	6	7	8	9	10
100%	\$997	\$1472	\$1947	\$2422	\$2897	\$3372	\$3847	\$4322	\$4797	\$5272
75%	\$1089	\$1564	\$2039	\$2514	\$2989	\$3464	\$3939	\$4414	\$4889	\$5364
50%	\$1181	\$1656	\$2131	\$2606	\$3081	\$3556	\$4031	\$4506	\$4981	\$5456
25%	\$1273	\$1748	\$2223	\$2698	\$3173	\$3648	\$4123	\$4598	\$5073	\$5548
0%	\$1365	\$1840	\$2315	\$2790	\$3265	\$3740	\$4215	\$4690	\$5165	\$5640

* For each additional person in household, the income eligibility will be adjusted upward by \$475.00

How do I apply?

- If you are the adult Tribal Member of your residence, simply complete the attached application forms and return it to the Tribal Assistance Program with copies of all the following documents:
 - ✓ Yavapai-Apache Nation Enrollment Card
 - ✓ Most two recent paycheck stubs from all employed adults of the household.
 - ✓ Current verification of entire household's unearned income. (see #2 of application for listing of unearned income)
 - ✓ Current & complete utility bill(s)
 - ✓ Entire lease agreement, deed/title or current YANTH Rent & Household Composition Form.
 - ✓ Two Employment Referral Forms (if unemployed)
 - ✓ Disability statement from physician (if temporarily disabled)
- If you are determined eligible for Utility Assistance, payment will be issued directly to the utility company for one monthly billing cycle for entire amount but no greater than \$200 per qualifying month.

How long can the Tribal Assistance Program take to decide my eligibility?

- When entire application form is complete and returned with all required documents, the Tribal Assistance Program must make a decision within 1-3 operating business days from the date and order your application is received.

What if I am unemployed?

- If you or any other adult resident of your household are unemployed you/adult resident must actively seek employment and provide evidence of efforts to obtain employment by completing one Employment Referral Form each.
- Employment Referral Forms are available per request and must be completed and returned with application before eligibility will be determined.

What if I am a college student?

- If you or any other adult resident of your household is a full time college student, you/adult resident are exempt from seeking employment. However, Higher Education Award Statement of check stubs from scholarships, grants or loans must be submitted.
- **Part-time Students:**
If you or any other adult resident of your household is a part-time college student, you/adult resident are not exempt from seeking employment and therefore required to complete two Employment Referral Forms. Higher Education Award Statement of check stubs from scholarships, grants or loans must be submitted.

What if I am unable to work due to a disability?

- If you or any other adult resident of your household is temporarily unemployed due to an injury or illness, a current written statement from a physician is required verifying disability, inability to work and clarifying whether disability is temporary or permanent.

How many months per year can I receive Utility Assistance?

- Adult Tribal Members that are head-of-household can apply and receive Utility Assistance Benefits two months per calendar year.

IMPORTANT INFORMATION:

- ✳ During any month the Yavapai-Apache Nation issues Per-Capita, Christmas Advance, Christmas Bonus or any distribution, there will be no Utility Assistance offered for that entire month.
- ✳ Utility Assistance is not provided for security deposits or re-connection fees for any utility expense.
- ✳ All adult residents of household must sign & date Authorization for Release of Information Form.
- ✳ When inquiring the status of your application, information will only be disclosed to the adult Tribal Member who has applied for assistance.
- ✳ If you require assistance in completing the application or have any questions regarding the assistance available, please contact the Tribal Assistance Program.



YAVAPAI-APACHE NATION
Tribal Assistance Program
2400 W. Datsi Street
Camp Verde AZ 86322

UTILITY ASSISTANCE APPLICATION YAVAPAI-APACHE NATION Tribal Assistance Program

1. I am applying for assistance for my: Electric Bill Natural Gas/Propane Bill Water/Sewer/Trash Bill

LEGAL NAME (Last, First, Middle)				MAIDEN NAME	
MAILING ADDRESS		P.O. BOX/Street	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS		Street	CITY	STATE	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE	CELLULAR OR MESSAGE NUMBER	EMAIL ADDRESS		
LIST EVERYONE THAT LIVES WITH YOU. START WITH YOURSELF		RELATION TO APPLICANT	ENROLLMENT NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1.		SELF			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

- | | |
|---|--|
| <input type="checkbox"/> Check here if you have received Utility Assistance for the calendar year of 2018 and provide date received. ⇨⇨⇨⇨⇨⇨⇨⇨ | |
| <input type="checkbox"/> Check here if your utility services are scheduled for disconnection and provide disconnection date. ⇨⇨⇨⇨⇨⇨⇨⇨ | |
| <input type="checkbox"/> Check here if your utility services are currently shut-off and provide date they were shut-off. ⇨⇨⇨⇨⇨⇨⇨⇨ | |
| <input type="checkbox"/> Check here if you are low or completely out of propane and provide percentage remaining in tank. ⇨⇨⇨⇨⇨⇨⇨⇨ | |

EARNED INCOME:						
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or anyone in your household working and/or self-employed? This includes all income, wages, salaries, tips or commissions from any type of work, whether full or part-time, temporary, seasonal, monthly, self-employed or training. If Yes, please complete the below information. If self-employed, a monthly record of all earnings must be submitted for the past 30-days. If you or anyone in your household just started working and have not received first paycheck or have only received one paycheck, please attach a statement from employer verifying full or part-time employment. Statement must include date of hire, hours worked per pay period and weekly or bi-weekly net pay. Statement must be issued on employer's business letter head.					
NAME OF EMPLOYED PERSON (S)	NAME OF EMPLOYER	EMPLOYER'S TELEPHONE	HOURS PER PAY PERIOD	HOURLY WAGE	HOW OFTEN PAID (weekly, Bi-weekly)	MONTHLY NET INCOME
						\$
						\$
						\$

UNEARNED INCOME:						
3. Do you or anyone in your household receive or expect to receive money from any of the following sources this month? If Yes, attach copies of updated monthly Award Statement(s) or check stubs and complete the following information below.						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships, grants/loans	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Assistance/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Money/Per-capita	
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance BIA/State	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any government check	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Comp/Industrial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gifts/Personal loans/Other	
NAME OF PERSON (S) RECEIVING MONEY	SOURCE			HOW OFTEN RECEIVED (Weekly, Bi-Weekly, or Monthly)	AMOUNT RECEIVED	
					\$	
					\$	
					\$	

4. Provide subtotal of all household's earned and unearned income received during the qualifying month. ⇨⇨⇨⇨⇨⇨⇨⇨ ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨

\$

UTILITY ASSISTANCE APPLICATION
YAVAPAI-APACHE NATION
Tribal Assistance Program

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of information requested by the Department of Social Services Tribal Assistance Program or its representatives to verify my financial information, where I live, and residents of my household. The Department of Social Services Tribal Assistance Program will only use the information for the assistance of which I have applied. The Department of Social Services Tribal Assistance Program will not release this information to any other person or agency outside the Tribal Assistance Program or its representatives. This release of information remains in effect while I am a recipient of the Tribal Assistance Program, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: local governments, public assistance programs, health care providers, landlords, employers, private individuals and other departments within the Yavapai-Apache Nation.

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

APPLICANT'S SIGNATURE	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE