## LTBB ELDERS PROGRAM Emergency Fuel & Utility Program Application

COMPLETED APPLICATION A COPY OF MY TRIBAL ID DENIAL LETTER W-9
DENIAL LETTER
W-9
ESTIMATE
INVOICE
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**

Enrollment #:

Birth Date:

Name:

Address:

City:	State:	Zıp:	Phone #:					
need assistance becau	se							
Household & Income: Do Name:		MUST be provi	ided for <u>all</u> persons living in ho x12= Annualized Income	me.				
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.								
By checking th application.	is box and ty	ping my name	e, I consent to electronically s	signing this				
Applicant's Signature:			Date:					
Elders Program Signature:			Date:					