

**Little Traverse Bay Bands of Odawa
Indians Department of Human Services
LTBB Tribal Citizen Emergency Potable Water
Assistance Policy**

The LTBB Emergency Potable Water Assistance Fund is designed to ensure access to potable water for our Citizens by providing sufficient partial payments of water bills to prevent water utility shut-offs and disconnections.

Applications are considered complete when the requestor submits the application and necessary additional documentation. Applications will not be processed until completed. Please pay special attention to the check sheet provided to ensure that all information is complete and includes all necessary supporting documentation.

A request does not guarantee funding. Emergency Potable Water funds are a one-time usage, available on a first come, first served basis. Applications will be taken as long as there is funding available.

Applications can be filed in person, via US mail, faxed to (231) 242-1635 or emailed to DHSapplications@ltbbodawa-nsn.gov.

If you have questions, please contact the LTBB Department of Human Services at (231) 242-1620.

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740

Physical Address: 911 Spring Street, Petoskey, MI 49770

Email: DHSapplications@ltbbodawa-nsn.gov

Phone: (231) 242-1620 Fax: (231) 242-1635

LTBB EMERGENCY POTABLE WATER ASSISTANCE CHECK LIST

- Complete Application
- Copy of LTBB Tribal Enrollment Card
- Documentation from water vendor that shows past due balance or shut off notice
- W-9 from vendor

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**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
DEPARTMENT OF HUMAN SERVICES**

EMERGENCY POTABLE WATER ASSISTANCE

These funds have been established for tribal citizens who are experiencing an economic hardship to assist in ensuring access to potable water and to prevent shut off of water services.

Name:		Date:	
Address:		Birth Date:	Tribal ID #:
City:	State:	Zip Code:	Phone #:
Email Address:			

OTHER HOUSEHOLD MEMBERS:

#	Name	Age	Tribal ID #, if Applicable
2.			
3.			
4.			
5.			
6.			

Type of assistance requested:

- Shut off notice**
- Prevention of shut off notice (Past due balance)**

Amount of assistance requested \$ _____

By signing this application:

- **I allow the LTBB Department of Human Services to verify my information for the purpose of this application.**
 - **I acknowledge responsibility for current month charges and understand that this program does not pay the bill in full.**
- By checking this box and typing my name below, I certify I am electronically signing this application.**

Signature

Date

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