



Name of Adults in Household (First) (Last) FB#			Relationship	Birth Date Month/Day/Year	Social Security Number	Sex F M	Income Y N

Number of Children (under 18) (First) (Last) FB#			AGES	BIRTH DATES	SOCIAL SECURITY NUMBER

Household Information		Do you or anyone living in your household receive any of the following income or assistance?					
		Employment (full time/part time)	Y	N	Receive Child Support	Y	N
Children age 5 & younger	Y N	Unemployment Benefits/Workmen's Cp.	Y	N	Receive Alimony	Y	N
Age 60 and older	Y N	Social Security	Y	N	TANF/FEP/AFDC	Y	N
Handicapped/Disabled	Y N	Supplemental Security Income (SSI)	Y	N	Per-capita	Y	N
U.S. Citizens (all?)	Y N	Veterans Benefits	Y	N	Other _____	Y	N
Receiving Food Stamps	Y N	Pension/Annuity/Retirement	Y	N			
<b>*Employment, if yes, how often are you paid? Please circle: Weekly Biweekly Twice a Month Monthly</b>							

DECLARATION: By signing this application, I certify under penalty of perjury that the information I provided on this application is true. I agree to cooperate with the Ute Indian Tribe LIHEAP and federal officials in any review of my application and to provide information necessary to verify any statement herein. I hereby authorize the TRIBAL LIHEAP program officials to make inquiry of persons, companies, financial institutions, and federal agencies to assist in the processing of my application.

I understand that giving false information or failing to notify Ute Tribe LIHEAP when I no longer qualify may cause me to pay the difference between the discounted and regular rate. I will notify the Ute Indian Tribe LIHEAP at (435) 725-4878/722-5141, if my situation changes and I am no longer eligible for HELP and/or UTAP. I must re-apply or recertify annually. Do you wish to enroll or re-apply to remain in Rocky Mountain's HELP discount program that saves you up to \$8.00 per month on your Utah Power bill? Y N

I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that if Federal HEAT funds are exhausted prior to processing this application, the Ute Indian Tribe is under no obligation to make payment. **REPORT FRAUDULENT ACT; Call the Hotline @ 1-888-289-8442 or (435) 725-4878.**

**My HEAT payment is to be issued to the following utility (ies) in the percentage listed below (50%, 100% / 25%-75%).**

%	Name of Utility Vendor(s)	Utility Account Number(s)	Name on account (if different)
<i>If Second Payment is awarded, which vendor will be paid &gt;</i>			
<b>APPLICANT</b>		I agree not to change the vendor or % to which my HEAT payment may go after this date	
<b>Signature:</b>			<b>Date:</b>

**UTE INDIAN TRIBE  
LIHEAP PROGRAM**

722-5141 or 725-4878

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**PLEASE ATTACH DOCUMENTS TO APPLICATION**

- **Identification: Tribal I.D. or Driver's License**
- **Copy of Utility Bill (Electric, Gas, Propane, Name/Address of the Provider & Account Number)**
- **Social Security Card(s) for entire household (for eligibility)**
- **Proof of Income for all Adults Employed in the Household (last four paycheck stubs )**
- **Social Security, SSI (Disability), Veterans Benefits, Food Stamps (Copy of check/bank statements and/or documentation of funds)**
- **Birth Certificate for Children 5 years old and under**

**If you know of any Fraudulent Act, call the Hotline at 1888-289-8442**

**PLEASE CONTINUE PAYING YOUR UTILITY BILLS AFTER SUBMITTING YOUR APPLICATION INTO THE LIHEAP OFFICE. THANK YOU**