

# COVID-19 Utility Assistance Program Application and Certification Form Hualapai Tribe

## 1. Customer Information

Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_

## 2. How has COVID-19 impacted your ability to make utility payments? (check all that apply)

- Loss of overall household income
- Increased utility expenses due to staying at home
- Increased medical expenses
- Increased essential living costs
- Other \_\_\_\_\_

## 3. What time period have you experienced difficulty making utility payments as a result of the selected COVID-19 impacts?

Start Date: \_\_\_\_\_  
Through, End Date: \_\_\_\_\_

## 4. Which utilities are you late on making payments? (check all that apply)

- Water Account No. \_\_\_\_\_  
Balance: \_\_\_\_\_  
Utility Name: \_\_\_\_\_
- Sewer Account No. \_\_\_\_\_  
Balance: \_\_\_\_\_  
Utility Name: \_\_\_\_\_
- Electric Account No. \_\_\_\_\_  
Balance: \_\_\_\_\_  
Utility Name: \_\_\_\_\_
- Natural Gas Account No. \_\_\_\_\_  
Balance: \_\_\_\_\_  
Utility Name: \_\_\_\_\_
- Wood Limited to Tribal Wood Lot-1 cord per household Amount: \_\_\_\_\_
- Phone/Internet Account No. \_\_\_\_\_  
Balance: \_\_\_\_\_  
Utility Name: \_\_\_\_\_

**5. Do you rent or own your residence?**

- Rent
- Own

**6. If you rent, do you pay the utility company directly or the Landlord?**

	To Company	To Landlord
Water	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>
Phone/Internet	<input type="checkbox"/>	<input type="checkbox"/>

**7. What is the amount you expect to be able to contribute to your utility bills in the next 60 days?**

Water	\$ _____
Sewer	\$ _____
Electric	\$ _____
Natural Gas	\$ _____
Phone/Internet	\$ _____

**8. Have you received any Federal (ie: Low Income Home Energy Assistance Program), State, or any other assistance payments to help cover any of these payments? Yes/No**

**9. For all utility bills being covered by this application, please attach a copy of the utility bill to the application.**

**10. Certification and Consent**

I hereby apply for financial assistance through the Hualapai Tribe for Coronavirus Relief Funds for the delinquent amounts, specified above, on my utility accounts. I hereby authorize the Tribe to make payments directly to the utility companies identified above, on my behalf, as applied for in this application.

I understand that by making this application, I am not guaranteed financial assistance and I am still responsible for any unpaid utility bills. I understand I will have to file additional application(s) for future needs and there is no guarantee that funds for financial assistance will be available.

I understand that I may be fined, imprisoned, or both under applicable law, if I make false statements on this application in order to get benefits that I am not entitled to.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date