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?

<table>
<thead>
<tr>
<th>Service</th>
<th>To Company</th>
<th>To Landlord</th>
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</thead>
<tbody>
<tr>
<td>Water</td>
<td>☐</td>
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<tr>
<td>Sewer</td>
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<tr>
<td>Phone/Internet</td>
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</tr>
</tbody>
</table>

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

Approved 10/06/2020