

HOMEOWNER

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**HALIWA-SAPONI INDIAN TRIBE
HOMEOWNERS EMERGENCY ENERGY ASSISTANCE (Page 1)**

The HEEA is providing assistance to eligible homeowners experiencing an emergency energy need. Priority will be given on an income and needs basis. Assistance will be provided until funds are exhausted. The Haliwa-Saponi Indian Tribe will co-ordinate payments directly to the Utility Company.

Eligibility Requirements:

- Must be an actively enrolled member of the Haliwa-Saponi Indian Tribe.
- Must be at or below 80% of the area household medium income.
- Cannot already be receiving any Federal assistance from the Haliwa-Saponi Indian Tribe.
- Applicant must be the account holder.
- Must provide income proof (W2s, Tax Returns, Social Security Statements, Bank Statements, etc.).
- Must provide 2 months of most recent/current energy bills (electric or gas only) for energy assistance.

Applicant Information

Full Name: _____
 First _____ Last _____

Address: _____
 Number & Street _____ City _____ State & Zip _____

_____ Haliwa-Saponi Indian Tribe Enrollment Number _____ Date of Birth _____

_____ Phone # _____ Email _____

Household Information

Are you currently employed? (Circle) Yes No Employer: _____

Yearly Income: _____ (Must Attach Yearly Income Proof)

Number of people in household: _____

Number of children under age 18: _____

Is there anyone in the home with a disability? (Circle) Yes No

Have you been impacted by any of the following: (Circle all that may apply)

COVID Financial Crisis Health Crisis Utility Disconnection (If so please attach)

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Primary Gas Company: _____ Account Number: _____

Full Address of Gas Company: _____

Primary Electric Company: _____ Account Number: _____

Full Address of Electric Company: _____

PLEASE ATTACH COPY PROOF OF INCOME (Do not use originals)

PLEASE ATTACH COPIES OF THE MOST RECENT/CURRENT 2 MONTHS OF ENERGY BILLS

Rights And Responsibilities:

I understand that it is against the law to make false statements and understand I may be subject to prosecution for doing so. I certify that the information I have provided is true and complete statements of facts to the best of my knowledge. I give the Haliwa-Saponi Indian Tribe and my Utilities Companies permission to verify all information necessary to determine my eligibility.

Applicant Print Name

Applicant's Signature

Date

**PLEASE MAIL THIS FORM OR DROP IT OFF AT TO THE TRIBAL CENTER
HALIWA-SAPONI INDIAN TRIBE
HEEA
39021 HWY 561
P.O. Box 99
HOLLISTER, NC 27844**

Do Not Write Below This Line

Application Received Date Stamped

APPROVED

DENIED

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