



29 South Hwy 69A  
MIAMI, OK 74354  
PHONE (918) 542-2441 FAX (918) 542-2922  
Email: [housing@shawnee-tribe.com](mailto:housing@shawnee-tribe.com)

## **ELDER ENERGY ASSISTANCE PROGRAM**

The Elder Energy Assistance Program (EEAP) assists eligible tribal elder households that are unable to pay utilities (electric, water, gas, propane, sewer, trash removal) due to the COVID-19 pandemic. EEAP can assist eligible elder households with current utility payments or a window ac unit. Telecommunication services (telephone, cable, Internet) delivered to the dwelling are not considered to be utilities. This program is only available to enrolled Shawnee Tribal elders aged 55 and older. This program is limited to one tribal member per household. The amount paid on utility bill by the EEAP will not exceed \$150 (anything over that amount will be paid by the member).

### **PROGRAM REQUIREMENTS**

- Enrolled Shawnee Tribal member must be 55 years or older
- Tribal Elder must reside in Oklahoma
- Tribal Elder can not apply for LIHEAP and EEAP during the same funding period May7th- September 30<sup>th</sup>, 2021

### **REQUIRED DOCUMENTS**

- Completed application.
- Copy of Tribal Enrollment Card for Tribal household members.
- Copy of Social Security Cards for all household members.
- Copy of Utility Bill
  - o Bill must be in tribal member or spouse's name.
  - o Account number must be on bill.

### **CONTACT INFORMATION**

Applications may be submitted via:

- Mail – 29 South Hwy 69A, Miami, OK 74354
- Fax – (918) 542-2922
- Email – [housing@shawnee-tribe.com](mailto:housing@shawnee-tribe.com)
- Applications may be dropped off at the Shawnee Tribe Main office using the drop box located outside of the front main doors.

*If you have any questions, please contact the Shawnee Tribe at (918) 542-2441. Ext 104*

# ELDER ENERGY ASSISTANCE PROGRAM APPLICATION

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>Mailing Address</b>	<b>Physical Address</b>		<b>Phone Number</b>
			<b>HOME/CELL</b>
			<b>WORK</b>
<b>CITY/STATE/ZIP</b>	<b>CITY/STATE/ZIP</b>		
<b>COUNTY</b>	<b>EMAIL ADDRESS</b>		

Do you currently rent or own your residence?  Rent  Own

**ASSISTANCE NEEDED (select one option)**

- Utilities
  - Utility Type \_\_\_\_\_ Account Number: \_\_\_\_\_
  - Amount of utility bill \_\_\_\_\_
- Window A.C. Unit

**HOUSEHOLD COMPOSITION**

Complete the information below for each member who will be living with you.

Name	SSN	Sex	Birthdate	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

By signing below, I hereby certify that:

- The above information is true and accurate, and if requested by the Shawnee Tribe, can provide documentation in support of my attestation of need. I also understand that if any of the above information supplied is found to be false, I can be required to return any support payments received.
- I am **NOT** receiving any other form of Federal assistance to pay my utility payment.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_