



COLVILLE CONFEDERATED TRIBAL SENIOR ENERGY/HEATING APPLICATION

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The Colville Tribal Sr. Energy/Heating Program is for Enrolled Colville Confederated Tribal Elders over the age of 55 or Legally Disable Enrolled Colville Tribal Members. Please provide all required information when turning in your application.

NAME _____ DATE OF BIRTH _____

PHONE/MESSAGE NUMBER _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

MAILING ADDRESS _____ CITY _____ ZIP _____

SPOUSES NAME _____ DATE OF BIRTH _____

E-MAIL ADDRESS: _____

ENROLLED COLVILLE MEMBER? YES [] NO [] OTHER INDIAN? [] YES [] NO

MARITAL STATUS? [] MARRIED [] WIDOWED [] DIVORCED [] SINGLE

IF MARRIED: IS SPOUSE ENROLLED COLVILLE MEMBER? [] YES [] NO

OTHER INDIAN? [] YES [] NO

HOUSING:

HOUSING LOCATION (GIVE EXACT DIRECTION TO HOUSE – STREET, HOUSE NUMBERS, ROAD, HOUSE COLOR)

TYPE OF HOME YOU ARE LIVING IN: HUD HOUSE [] STANDARD TRAILER HOUSE []
SR APARTMENT/COMPLEX [] STANDARD PRIVATE HOME [] SUB-STANDARD HOME []
HOUSING STATUS: OWN/BUYING HOME [] RENT HOME [] OTHER []

*What type(s) of fuel do you use to heat your home? (Check all types)

[] Electric [] Wood [] Propane [] Oil [] Wood Pellets [] Other: _____

*** You can only receive help with ONE type of fuel.....check which one!**

[] Electric [] Wood [] Propane [] Oil [] Wood Pellets [] Other: _____

* If you checked firewood, what length of wood do you need: [] 14" [] 16"

* If requesting assistance with electric, propane, oil, or pellets....name your fuel supplier & submit a copy of your fuel bill:

Fuel supplier: _____ Account number: _____

IN APPLYING FOR THE SENIOR HEATING PROGRAM, I AGREE THAT I WILL USE MY ENERGY BENEFIT FOR HEATING AND/OR COOKING PURPOSES IN MY HOME. I WILL NOT GIVE AWAY THE FIREWOOD OR WOOD PELLETS OR SELL IT TO ANOTHER HOUSEHOLD OR IT MAY JEOPARDIZE MY ELIGIBILITY FOR FUTURE SEASONS.

**THE SENIOR HEATING PROGRAM IT IS ONLY A "SUPPLEMENTAL" PROGRAM AND
MAY NOT SUPPLY YOUR TOTAL NEED OF FUEL FOR THE WINTER.**

RELEASE OF INFORMATION:

By signing this application I am hereby giving permission to the Colville Confederated Tribal Sr. Heating Program to retrieve any needed information that may be required to complete this application. Whether it is from my utility/fuel supplier to release the needed information requested the program/s may need.

Please make sure you have the following before you send in your application; program does not keep past records for the Senior Energy/Heating Program:

For Wood:

- Copy of your Tribal ID or Certificate of Indian Blood (CIB)
- Electric or Utility Bill (verification of physical address)

Other Sources of Energy:

- Copy of your Tribal ID or Certificate of Indian Blood (CIB)
- Electric or bill from your selected source of assistance (ex: Propane: AmeriGas/Acct# ABCD1234)

APPLICANT'S SIGNATURE: _____ DATE: _____

COMMENTS: _____

THIS AREA IS FOR OFFICE STAFF ONLY

DATE _____ APPROVED _____
DISAPPROVED _____ REASON FOR DENIAL: _____

Type of fuel: _____ Electric, firewood, propane, oil, wood pellets, other