

ONEIDA NATION UTILITY TRIBAL SUBSIDY APPLICATION
 LOW INCOME/ELDERLY/DISABILITY
 SEWER/WATER/SEPTIC

NAME _____ AGE _____ ***
 ADDRESS _____

 ACCT# _____

PHONE # _____ HOUSEHOLD SIZE _____
 TRIBAL ROLL # _____

NAMES OF ALL RESIDENTS INCLUDING YOURSELF	BIRTH DATE	INCOME SOURCE	MONTHLY INCOME***

**By Signing this Document I give the Oneida Utilities Department permission to get verification of residence from the Oneida Tribal Enrollment Office, Land Office and or Oneida Housing Authority.
 I CERTIFY THAT THE ABOVE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND I MUST KEEP MY ACCOUNT CURRENT AND THAT FALSE INFORMATION WILL VOID THIS APPLICATION AND DISQUALIFY ME FROM RECEIVING ASSISTANCE.**

SIGNATURE OF APPLICANT _____ DATE _____

Approved: _____ Date: _____

SEE REVERSE SIDE FOR QUALIFICATIONS AND ACCEPTABLE DOCUMENTS>>> >>>

TO QUALIFY FOR THE TRIBAL SUBSIDY YOU MUST PROVIDE THE FOLLOWING AND MUST LIVE WITHIN ONEIDA TRIBAL COMMUNITY SEWER/WATER DISTRICT OR FOR SEPTIC PUMPING WITHIN RESERVATION BOUNDARIES.

APPLICATION WILL NOT BE APPROVED WITHOUT ALL 4 OF THE BELOW

****ELDERLY (65 AND OVER):**

1. PROVIDE COPY OF TRIBAL ID

****DISABILITY:**

1. PROVIDE COPY OF TRIBAL ID
2. PROVIDE LETTER STATING DISABILITY STATUS

****LOW INCOME:**

1. PROVIDE COPY OF TRIBAL ID
2. PROVIDE PROOF OF INCOME (4 weeks or 2 biweekly stubs) OR PREVIOUS YEAR TAX FORMS

BANK STATEMENTS ARE ACCEPTABLE FOR DIRECT DEPOSIT INCOME

BELOW IS THE 2015 FEDERAL LOW INCOME GUIDELINES:

Persons in family/household	Annual Income	Monthly Income
1	\$11,770	\$ 980
2	15,930	1,327
3	20,090	1,674
4	24,250	2,021
5	28,410	2,368
6	32,570	2,714
7	36,730	3,061
8	40,890	3,408

For families/households with more than 8 persons, add \$4,160 annually or \$346 monthly for each additional person.