`

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

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 STATMENTS 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.

**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 2025 FEDERAL LOW INCOME GUIDELINES:

Persons in family/household	Annual Income	Monthly Income
1	$15,650	1,304
2	21,150	1,763
3	26,650	2,221
4	32,150	2,679
5	37,650	3,138
6	43,150	3,596
7	48,650	4,054
8	54,150	4,513

For families/households with more than 8 persons, add $5,500 annually