

TOHONO O'ODAM UTILITY AUTHORITY  
ELDER UTILITY COST ASSISTANCE APPLICATION

Applicant: \_\_\_\_\_  
                                    Last                                      First                                      M.I.

TOUA Account No.: \_\_\_\_\_

TON Enrollment No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_  
                                    PO Box, HCR, Etc.                      City                      State                      Zip

Propane Acct No.: \_\_\_\_\_

Village: \_\_\_\_\_

District: \_\_\_\_\_

AUTHORIZATION TO CERTIFY ELIGIBILITY

I swear and affirm that the documentation I have submitted as proof of and Tribal Membership are true and correct.

I authorize TOUA to investigate my eligibility and contact any sources necessary to establish the accuracy of information given by me, which may pertain to my eligibility.

Furthermore, as a qualified member to participate in the Cost Assistance subsidy. I understand that I am responsible for past billings, other charges and any amount in excess of the subsidy.

\_\_\_\_\_  
Applicant                                      Date

\_\_\_\_\_  
TOUA Representative                                      Date

OFFICE USE

Lifeline    W/O    Tribal ID    PAH    Approved    Start date:    Notice Mailed: