

**TOHONO O'ODHAM UTILITY AUTHORITY**  
**LOW-INCOME UTILITY COST ASSISTANCE APPLICATION**

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

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

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

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

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

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

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

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

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

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

**INCOME & HOUSING INFORMATION BEGINNING WITH HEAD OF HOUSEHOLD**

NAME	SS#	D.O.B	Income Source	Frequency	Monthly Gross	Verify
	(see above)	(see above)				

**AUTHORIZATION TO CERTIFY ELIGIBILITY**

I swear and affirm that the statements made in writing or verbally regarding the facts of my household composition, income and all other items that pertain to my possible eligibility for utility subsidy are true and correct and to the best of my knowledge.

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.

I understand that qualification is based on income and I agree to notify TOUA immediately if my household composition or income status changes.

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

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

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

OFFICE USE

Reapplication Lifeline W/O PAH Tribal ID Income Sources Approved Denied Date: Mailed: Start Date:

The above-named applicant has applied for a Utility Cost Assistance subsidy from TOUA form Gaming Revenues based on the low-income criteria. I certify that this applicant's name appears on the TOUA billing, is a member of the Tohono O'odham Nation, meets the criteria established to participate in this subsidy and is qualified to receive a TOUA subsidy, not to exceed \$100 per month.

Representative: Date: