

Kickapoo Energy Conservation Program Application

This program provides assistance to eligible Kickapoo Tribal members through the energy conservation program to reduce energy consumption in their residence. To be considered for this program assistance you must complete this application and submit it to the Kickapoo Energy Program office. You may complete this application on line at www.ktik-nsn.gov use the KEP link or you may return the completed application to the Administration Building. **You must enclose proof of utility accounts and income for all household members. All household adults must sign the application.** If you have questions please call 486-9636 ext 2 to speak with a program representative.

1. List person whose name is on the utility bill if they reside in your household, otherwise list yourself.

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you a Citizen or Legal Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race
		A-Asian, B-Black, H-Hispanic, N-Native American, W-White, <input type="checkbox"/> O-other

2. STREET ADDRESS WHERE YOU LIVE

Street Number	Street Name	
<input type="text"/>	<input type="text"/>	
Apt./Suite	County	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and mailing address that you prefer your mail to be sent to, only if different from the address above.

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt./Suite
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check the correct box G C S O

3. Is this your? Guardian Conservator SSI Payee Other Please list

List Persons who are currently residing at this address. Attach additional sheet as needed.

Name Last	First	MI	Social Security Number	Date of Birth	Disabled	Race	Sex M/F	Citizen or Legal Resident
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. If you are currently in an emergency situation with your utilities, please check box beside all that apply. You must enclose proof of the disconnect, otherwise the case will not be considered an emergency.

- Your household is currently disconnected from utility service. Date of Disconnect:
- You are out of or have very little propane or wood to operate your primary heating fuel source.
- Someone in your household is using medical life support equipment operated by electricity. on hand %
- Your utilities will actually be disconnected within 48 hours. Disconnect Date:

5. Does anyone in the household receive food assistance benefits? Y N

6 Complete the information listed below for any person(s) who receives any money from:
Name(s) of Person(s) Income is For

	Name(s) of Person(s) Income is For	Monthly Amount:
CS	Child Support/Alimony (provide copy of court order)	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
CA	General Assistance (GA)	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
IR	Interest Income greater than \$50 per month (provide proof)	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
RR	Railroad Retirement or Other Pensions	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
SS	Social Security Administration Benefits	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
SI	Supplemental Security Income (SSI)	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
CA	Temporary Assistance to Families (TAF)	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
UC	Unemployment Benefits	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
VA	Veteran's Admin. Benefits (provide copy of claim number)	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
WA	Gross Wages, Salaries, Tips, Commissions	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
	Hourly Rate: \$ <input type="text" value=""/> . <input type="text" value=""/>	Hours per Week: <input type="text" value=""/>
	How often paid: <input type="text" value=""/>	
	Name of Employer <input type="text" value=""/>	
	Address of Employer <input type="text" value=""/>	
WA	Gross Wages, Salaries, Tips, Commissions	\$ <input type="text" value=""/> , <input type="text" value=""/> . <input type="text" value="00"/>
	Hourly Rate: \$ <input type="text" value=""/> . <input type="text" value=""/>	Hours per Week: <input type="text" value=""/>
	How often paid: <input type="text" value=""/>	
	Name of Employer <input type="text" value=""/>	
	Address of Employer <input type="text" value=""/>	

13. Have you made payments on your energy costs totaling \$80 or more in the last 3 months? *You must enclose proof of payment.* Yes No

If your utilities are included in the rent, have you paid the rent in at least 2 of the last 3 months? *You must enclose proof of payment.* Yes No

If you have a credit on your utility bill, please list the amount of the credit: \$ **T**
You must enclose a copy of your bill.

14. You may only make this choice one time for the benefit year. All payments will be made according to this choice. If neither is selected, your entire benefit will go to the heating vendor.

- A** Make all of my energy benefit payable to my heating vendor. Enclose a copy of your heating bill.
- B** Split my energy benefit (1/2 to my heating vendor and 1/2 to my electric vendor). Enclose a copy of both bills.

15. Please describe the type of energy conservation assistance being requested in the box below.

Signature of Adult Household Member/Conservator or Guardian Date Daytime Telephone Number

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