

Eastern Shawnee Tribe of Oklahoma
Utility and Medical Assistance Program Application

Name: _____
(First) (MI) (Last)

Address: _____

Telephone: _____

Roll #: _____

Date of Birth: _____

Social Security #: _____

Marital Status: Single Married Divorced Widowed Other

Gender: Male Female

Reason for Application: _____

Seeking assistance for: Utilities/utility arrears Medical Program

Total number in household: _____

List individual household information here:

Name	Relationship to applicant	Age	School/Work/Other
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1.	_____	_____	_____
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2.	_____	_____	_____
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3.	_____	_____	_____
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4. _____

5. _____

6. _____

If seeking assistance for utility assistance, please provide the below information. If not, please skip this section in its entirety.

Name of utility company: _____

Address of utility company: _____

Telephone # of utility co.: _____

Account number: _____

Do you provide authorization for the ESTO program correspondent to speak with the utility company on your behalf in order to process this application in a timely manner?

Yes _____ No _____

Have any members of this household received state or federal funding from any other source for mortgage or utilities assistance within the last 6 months?

Yes _____ No _____

If yes:

Type of funding: _____

Amount of funding: _____

Date of funding: _____

I certify that all the above information is true, complete, and correct to the best of my knowledge. I also certify that it has been given in good faith.

Applicant Signature

Date