



Utility Company Name:

What is your Primary Heat Source?

### INCOME INFORMATION

Household member	Source of Income	Monthly Amount	Annual Amount

Total Household Income:

### SIGNATURE CLAUSE

I understand that NPTHA is relying on this information to prove my eligibility for the Rehab Program Application. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have NPTHA staff verify the information contained in this application for purposes of proving my eligibility for assistance. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my request for assistance must be fully documented prior to NPTHA rendering a decision pertaining to my application.

**All Applicants (18 & over) must sign below:**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

A COMPLETE application will include the following:

  

Copy of Tribal ID

Copy of Social Security Card

  

Copy of Ownership Documentation

Copy of Household Income