Iowa Tribe of Oklahoma
Household Assistance Check Request

A $3,250 (allotted $1,625 from January to June and $1,625 from July to December) Household Assistance Program is provided to supplement the cost of household expenses. This includes *ONLY*: Personal/property taxes, property/rental insurance, auto insurance, utilities, rent and mortgage payments. Submit this application with copies of the most current utility bills (60 days old or newer), lease agreement, or receipt of payment for reimbursement. *All utility payments are paid directly to the vendor*. W-9 must be provided for new payees or application will be placed on hold pending vendor W-9. Auto insurance requests: name must be on policy, and only the Tribal Member's portion can be paid. Quotes are not sufficient. Incarcerated Tribal Members may apply and have assistance placed on their commissary account.
Sign application and provide **all** information. Incomplete applications will not be processed.

Name of Applicant_____ Roll #_____
First Middle Last

Address _____
Street or P.O. Box City State Zip

DOB_____ Age _____ Phone#_____

It is recommended that each $1,625 allotment is used in full at one time if paying one or multiple bills to be disburse at your discretion. The amount requested for each bill can exceed your actual utility bill amount and it will be credited to your account when you receive your next month's bill. Total request cannot exceed each $1,625 allotment.

Vendor_____ Account #_____ Amount $ _____

Vendor _____ Account # _____ Amount $ _____

Vendor _____ Account # _____ Amount $ _____

_____ _____
Signature Date

"While your application is in process please continue to make payments on your utilities/rent. The Iowa Tribe of Oklahoma is not responsible for late charges that may incur or cut-off notices".

***Any fraudulent activity will be subject to prosecution*.**

FOR OFFICE USE ONLY – FUND EXPENSE CODE: 0100 900 5905

Balance: $_____

Action: Approved_____ Denied_____ Reason for Denial _____

Pay To: _____ Amount To Be Paid: $_____

Processed By: _____Date: _____