

**KLETSEL DEHE WINTUN NATION  
COVID-19 UTILITIES ASSISTANCE PROGRAM  
PROGRAM GUIDANCE SHEET**

**PROGRAM OVERVIEW AND REQUIREMENTS**

- **Must be a tribal citizen of the Kletsel Dehe Wintun Nation and have been genuinely financially impacted by the COVID-19 Pandemic**
- Only one application per qualifying request
- The household cap on Utilities Assistance is **\$1,000** in a single month, per qualifying tribal citizen's application, either applied to a single household utility or distributed amongst multiple utilities, but not to exceed the cap amount.
- This program is based on a first come first service basis for a qualifying application and is subject to program funding availability.
- Must attach all required documentation (Current qualifying utilities bill or bills)
- **All incomplete applications will be denied and returned**

**KLETSEL DEHE WINTUN NATION**  
**COVID-19 ASSISTANCE PROGRAM APPLICATION**  
**Utility Assistance Request Form**

Tribal Citizen (Printed) Name: \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Enrollment# \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Have you (or someone in your household) been financially impacted because of the COVID-19 pandemic?**

☐ Yes      ☐ No

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If you have been financially impacted by COVID-19 please explain (*Check all that apply*):

- ☐ I (or someone in my household) became unemployed, had hours cut back, been furloughed or put on unpaid leave due to COVID-19.
- ☐ I (or someone in my household) is unable to work or experience financial hardship due to no childcare/school due to COVID-19.
- ☐ I (or someone in my household) has had to close my small business due to COVID-19.
- ☐ I (or someone in my household) is experiencing significantly increased medical costs or lost health insurance due to COVID-19.
- ☐ I (or someone in my household) has had to leave on-campus student housing due to COVID-19.
- ☐ I (or someone in my household) is experience financial hardship due to shelter in place orders or closure due to COVID-19.
- ☐ I (or someone in my household) is unable to work because my medical issues prevent me from returning to the office due to COVID-19 or needing to care for a person with COVID-19.
- ☐ I (or someone in my household) is experience other financial hardship due to COVID-19 (Please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** You can apply for up to **\$1,000** towards a single utility listed below or multiple. If applying for assistance with multiple utilities, please specify how much assistance will be applied to each utility you are requesting assistance with, up to or below the capped amount of \$1,000.

I am requesting financial assistance in the following category or categories.

☐ Electric

☐ Heating

☐ Water

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### **ELECTRIC UTILITIES:**

**(Must attach most recent statement)**

Utility Company \_\_\_\_\_

Utility Billing Month: \_\_\_\_\_ Due By Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

☐ Apply full payment    ☐ Apply partial payment of: \$ \_\_\_\_\_

Utility Payment Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is this utility account in your name?** ☐ Yes ☐ No (If no please complete the Responsibility Statement below.)

### **RESPONSIBILITY STATEMENT**

**PLEASE NOTE:** If the utility account is not in your name but this is your primary residence, complete the responsibility statement below and attach the Utility Bill Statement:

I am responsible for my portion of the payment of the utility.

My primary residence is at \_\_\_\_\_.

The name of the account holder is: \_\_\_\_\_.

He/She is my: \_\_\_\_\_.

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### **HEATING UTILITIES:**

**(Must attach most recent statement)**

Utility Company \_\_\_\_\_

Utility Billing Month: \_\_\_\_\_ Due By Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

☐ Apply full payment    ☐ Apply partial payment of: \$ \_\_\_\_\_

Utility Payment Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is this utility account in your name?** ☐ Yes ☐ No (If no please complete the Responsibility Statement below.)

### RESPONSIBILITY STATEMENT

**PLEASE NOTE:** If the utility account is not in your name but this is your primary residence, complete the responsibility statement below and attach the Utility Bill Statement:

I am responsible for my portion of the payment of the utility.

My primary residence is at \_\_\_\_\_.

The name of the account holder is: \_\_\_\_\_.

He/She is my: \_\_\_\_\_.

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### WATER UTILITIES:

**(Must attach most recent statement)**

Utility Company \_\_\_\_\_

Utility Billing Month: \_\_\_\_\_ Due By Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

☐ Apply full payment    ☐ Apply partial payment of: \$ \_\_\_\_\_

Utility Payment Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is this utility account in your name?** ☐ Yes ☐ No (If no please complete the Responsibility Statement below.)

### RESPONSIBILITY STATEMENT

**PLEASE NOTE:** If the utility account is not in your name but this is your primary residence, complete the responsibility statement below and attach the Utility Bill Statement:

I am responsible for my portion of the payment of the utility.

My primary residence is at \_\_\_\_\_.

The name of the account holder is: \_\_\_\_\_.

He/She is my: \_\_\_\_\_.

**I certify that the information provided on this application is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to denial of any further assistance from this program; and I certify that I am the only person in my household who has applied for this COVID-19 Program Assistance to be applied to this payment at this time.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please return completed application and all required documentation to:**  
[info@kletseldehe.org](mailto:info@kletseldehe.org) or Mail to Attn: Tribal Administration, P.O. Box 1630 Williams CA, 95987