



HEATING AND AIR CONDITIONING APPLICATION FOR ASSISTANCE

Today's Date: _____ CDIB# _____

Name: _____ (Maiden) _____
HEAD OF HOUSEHOLD

Address: _____
Street Address NO PO BOXES City State Zip Code

D.O.B. _____ Phone# _____ WK# _____

State Problem:

Must provide documentation of Home Ownership or documentation of Purchasing. Homeowner must be an enrolled Tribal Member with CDIB card. All documentation to be included with application. A limit of \$1,000.00, any amount over will need to be paid by the homeowner and receipt attached to application before application is processed.

Reimbursement: Original Receipt must be turned in at time of application submission along with any supporting documentation.

Request Payments Be Made To: _____
Address: _____ City: _____ Zip: _____

Signature of Client Date

I understand that all payments will be made in the name of the Vendor and I will supply any supporting documentation required to process payment.

Vendor Information:

Request Payments Be Made To: _____

Address: _____ City: _____ Zip: _____

Signature of Client Date

(FOR OFFICE USE ONLY) modified 06/04/20

Application Receive On: _____

Application Complete On: _____

Enrollment Verified: _____

Verifying Official: _____

Eligibility Verified: _____

Follow-up Phone Call: _____

Approved By: _____

Disapproved By: _____

Date Paid: _____

Check #: _____

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