

PUEBLO OF LAGUNA UTILITY AUTHORITY
PAYMENT ASSISTANCE APPLICATION REQUIREMENTS

Requirements to be included when submitted by each applicant

Proof of Disability:

- Social Security Disability Benefits
- Doctor statement

Proof of Income for all household members over the age of 18:

- Pay stubs for the last 30 days
- Recent Social Security Benefit award letter
- Self Employment statement of income for the last 30 days
- No income will require a statement from applicant and individuals providing support
 - Statement needs to include type of support provided to applicant
 - An estimate of monthly amount provided by other family/individual(s)
 - Signature and contact phone number
- Students over the age of 18 will need to provide a copy of their class schedule

Contact Information:

Physical Address
6 Arrowhead Road
Laguna, NM 87026

Mailing Address
PO Box 208
Laguna, NM 87026

Website:
www.lagunaua.org

Phone:
(505) 552-9631

Fax:
(505) 552-9958

Email:
admin@lagunaua.org



**Pueblo of Laguna Utility Authority
Payment Assistance Application - 2020 Funding Year**

THIS APPLICATION MAY ONLY BE USED FOR THE PAYMENT ASSISTANCE PROGRAM

APPLICANT INFORMATION

Name of Applicant	Date of Birth	Age	Disabled	Utility Acct #
1			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Physical Address	City	State	Zip Code	Phone #
Mailing Address	City	State	Zip Code	Message Phone #

HOUSEHOLD INFORMATION

Household Members (not including Applicant)	Date of Birth	Age	Disabled? <small>Must include proof of disability</small>
2			<input type="checkbox"/> YES <input type="checkbox"/> NO
3			<input type="checkbox"/> YES <input type="checkbox"/> NO
4			<input type="checkbox"/> YES <input type="checkbox"/> NO
5			<input type="checkbox"/> YES <input type="checkbox"/> NO
6			<input type="checkbox"/> YES <input type="checkbox"/> NO
7			<input type="checkbox"/> YES <input type="checkbox"/> NO
8			<input type="checkbox"/> YES <input type="checkbox"/> NO

INCOME INFORMATION

Checkmark all sources of income (and benefits/help, if any) for all household members and attach proof of the income for

- | | | | |
|---------------------------------------|--|---|--------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Workers compensation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Social Security | <input type="checkbox"/> Veterans | |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Disability Benefits | <input type="checkbox"/> Self Employment | |

Person with Income	Income Source	\$ Amount	How Often? <small>Weekly, Biweekly, Monthly, Semi-Monthly, Seasonal</small>

YOUR SIGNATURE AND ACKNOWLEDGEMENT

You must sign this form to make this application valid. Your application will not be processed unless signed.

- I have given the Pueblo of Laguna Utility Authority true, correct and complete information.



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- I understand that making false statements or hiding information could mean the denial and forfeit of any assistance now and in the future.
- I understand that if I receive benefits I am not eligible for, that I may have to pay Pueblo of Laguna Utility Authority back for those benefits.
- I know that the Pueblo of Laguna Utility Authority will check the information that I give. The Pueblo of Laguna Utility Authority may use computers to check the information on this form.
- I understand that the terms of these benefits will begin on the next billing cycle and will end on December 31, 2020

I agree under penalty of perjury that the statements I made about person(s) in my home, income and all other information I have given the Pueblo of Laguna Utility Authority are true and correct.

Applicant's Signature

Today's Date

FOR UTILITY AUTHORITY USE ONLY

Current Balance:

Is there a Payment Agreement in place?

Date Rec'd:

Yes No

Is account in arrears?

If so, how much:

Rec'd By:

Yes No



Pueblo of Laguna Utility Authority Payment Assistance Program Agreement & Terms 2020 Funding Year

Name of Applicant: _____

Mailing Address: _____

Utility Acct #: _____

The Payment Assistance program is funded by the Pueblo of Laguna Government, which is then distributed to qualified Laguna Tribal members.

The Payment Assistance program is designed to help low income qualified Laguna tribal member customers keep their utility services and/or reduce their past due balance.

The Pueblo of Laguna Utility Authority manages the Payment Assistance program and requires all applicants to:

- Be current on their utility account
- Be current on their payback agreement
- Provide annual verification of income and identification of all household members

Failure to remain compliant with any or all parts of this agreement may result in termination from the program.

The Payment Assistance program expires on December 31, 2020. Applicants must reapply and qualify each funding year to receive benefits.

By signing, I agree to the terms and conditions of the Payment Assistance program:

Applicant's Signature

Today's Date

FOR UTILITY AUTHORITY USE ONLY

Level of Payment Assistance qualified:

- | <u>100%</u> | <u>75%</u> | <u>50%</u> | <u>25%</u> |
|----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> \$35.00 | <input type="checkbox"/> \$26.25 | <input type="checkbox"/> \$17.50 | <input type="checkbox"/> \$8.75 |
| <input type="checkbox"/> \$30.00 | <input type="checkbox"/> \$22.50 | <input type="checkbox"/> \$15.00 | <input type="checkbox"/> \$7.50 |

POLUA Approver's Signature

Today's Date