



UNITED TRIBES

OF KANSAS AND SOUTHEAST NEBRASKA, INC.

3301 Thrasher Road, White Cloud, KS 66094-4028

785-595-3291 • FAX 785-595-6667

EMERGENCY WATER ASSISTANCE APPLICATION

1. HOUSEHOLD INFORMATION.

On line 1, list the person whose name is on the water utility bill if the individual resides in your household. Otherwise, list yourself on line 1, followed by **all** other persons who are currently residing at the address where you live. Attach additional sheets as needed.

(Race Codes: A=Asian, B=Black, H=Hispanic, N=Native American, W=White, O=Other)

Name (Last, First, MI)	Social Security Number	Date of Birth	Sex M or F	Race - List All That Apply (optional)	Citizen or Legal Resident	Disabled
1)					<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
2)					<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
3)					<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
4)					<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
5)					<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
6)					<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No

Does anyone in the household receive Food Assistance, Temporary Assistance for Needy Families (TANF), or LIEAP? ☐ Yes ☐ No

Preferred language, if other than English:

Written: _____ Spoken: _____ Sign Language? ☐ Yes ☐ No

STREET ADDRESS WHERE YOU LIVE NOW:

Street Address _____ City _____ State _____ Zip _____ County _____

MAILING ADDRESS IF DIFFERENT FROM YOUR STREET ADDRESS:

Name _____ Street Address _____ City _____ State _____ Zip _____ County _____

Please check the correct box. Is this your: ☐ Guardian ☐ Conservator ☐ St payee ☐ Other:

CONTACT INFORMATION:

Daytime Telephone: _____ Message Telephone: _____

Work Telephone: _____ Email Address: _____

2. EMERGENCY SITUATION.

If you are currently in an emergency situation with your drinking water or wastewater services, select the box that applies. Please enclose proof of disconnect.

<input type="checkbox"/>	Your household is currently disconnected from drinking water or wastewater service. Disconnect date: _____
<input type="checkbox"/>	Your drinking water or wastewater services will actually be disconnected within 48 hours. Disconnect date: _____ (Provide copy of disconnect notice and hang tag if appropriate)
<input type="checkbox"/>	Your drinking water or wastewater services will be disconnected within 30 days. Disconnect date: _____ (Provide copy of disconnect notice)

3. Gross Household Income.

Complete the information below for you or anyone in your household who is working or receives income from other sources: DCF must verify your income if you are NOT actively receiving Food Assistance, TANF or LIEAP benefits. Please attach pay stubs for the last 30 days for each job. If you are self-employed attach a copy of your last year's tax return or verification of business income and expenses for the past 3 months.

Name of Person Employed	Employer's Name, Phone & Address (if self-employed, list business type)	Salary or Hourly Wage	Weekly Hours Worked	How often do you get paid?	Day of the week paid

Income Type	Name of Person Receiving Income	Monthly Amount
<input type="checkbox"/> Social Security Administration Benefits (provide award letter)		\$
<input type="checkbox"/> Supplemental Security Income/SSI (provide award letter)		\$
<input type="checkbox"/> Child Support/Alimony (provide copy of court order)		\$
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		\$
<input type="checkbox"/> Unemployment Benefits		\$
<input type="checkbox"/> Self-Employment/Farm Income (provide copy of complete tax return)		\$
<input type="checkbox"/> Veteran's Administration/VA Benefits (provide copy of claim number)		\$
<input type="checkbox"/> Railroad Retirement or Other Pensions (i.e. KPERS or private) (provide award letter)		\$
<input type="checkbox"/> Per Capita Payments		\$
<input type="checkbox"/> Other (please list and provide proof)		\$

Is anyone on strike? ☐ Yes ☐ No If yes, name of person: _____

4. Living Situation. Select the box that applies to your living situation.

<input type="checkbox"/>	I own my home.
<input type="checkbox"/>	I rent my home and my drinking water/wastewater services are in my name or another adult's name living in the home.
<input type="checkbox"/>	I rent my home and my drinking water/wastewater services are in my landlord's name and are included in my rent amount. Landlord Name _____ Landlord Phone Number _____ Landlord Address _____ Landlord email _____ Water vendor landlord pays _____
<input type="checkbox"/>	Other, please list: _____

5. Drinking Water/Wastewater Bill. Select the box or boxes that describes how you pay your drinking water/wastewater bill.

<input type="checkbox"/>	The drinking water/wastewater bill(s) is in your name or the name of another adult living in the residence. Name on bill: _____
<input type="checkbox"/>	Your drinking water and/or wastewater bill is in the name of someone other than an adult living in the residence or your landlord. Name and relationship: _____

6. Vendor Information.

The water vendor is the vendor that provides the water you use for drinking, cooking and personal hygiene. Provide wastewater vendor information below if wastewater is billed by a separate vendor.

Drinking Water vendor name: _____
Account Number: _____
Address: _____
Phone number: _____

Wastewater vendor name: _____
Account Number: _____
Address: _____
Phone number: _____

Other Water vendor name: _____
Account Number: _____
Address: _____
Phone number: _____

READ THE FOLLOWING CAREFULLY BEFORE SIGNING
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

- I declare that the information I have given is true, correct and complete to the best of my knowledge.
- I realize that the information that I have given on this application will be subject to verification by United Tribes of Kansas and Southeast Nebraska.
- I understand that if I receive assistance to which I am not entitled as a result of withholding information or knowingly provide false or fraudulent information regarding my circumstances, I must repay the cost of any assistance and may face penalty of criminal prosecution.
- I authorize United Tribes to release application and benefit information to my provider. I further authorize my provider to release consumption levels and payment information of my household to United Tribes.
- I understand that I may appeal untimely processing which exceeds 30 days after my complete application is submitted. I understand that I have the right to appeal any decision regarding this application and that my request must be made within 30 days of the date of my denial or check date.
- I authorize any investigation necessary to establish my household's eligibility for assistance including the release of bank, payroll, medical and/or other records from business and professional organizations.
- I certify that I will not apply to both United Tribes and SRS/HHS for benefits and authorize United Tribes to provide the local SRS/HHS office with information regarding my application including benefit levels.

Signature of Applicant	Date	Daytime Phone Number
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DO NOT WRITE IN SPACE BELOW, FOR OFFICE USE ONLY

Date Received _____	Complete? Yes ___ No ___
Household Type _____	# In household _____
Monthly Income _____	Yearly Income _____
Water Vendor _____	Wastewater Vendor _____
Approved _____	Amount of Benefit _____
Denied _____	Reason for denial _____