

**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 incurred a negative financial impact due to 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 citizens' 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 qualifying applications and is subject to program funding availability and or programmatic updates/changes.
- Must attach all required documentation (Current qualifying utilities bill or bills)
- **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) experienced a negative economic impact from the COVID19 pandemic?

Yes       No

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

- I (or someone in my household) is unemployed, had hours cut back, been furloughed or put on unpaid leave due to the pandemic.
  - I (or someone in my household) is unable to work or experience financial hardship due to lack of availability of childcare services 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) have experienced a sharp increase in the cost of living, including but not limited to the cost of essential and basic services such as housing, utilities, and food costs etc.
  - 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 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) \_\_\_\_\_
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I am requesting financial assistance in the following category(ies): **(Check all that apply)**

- Electric/Solar                       Heating/Propane                       Water/Wastewater

### **ELECTRIC UTILITIES:**

**(Must attach most recent statement)**

Utility Company \_\_\_\_\_  
Utility Amount: \$ \_\_\_\_\_ Utility Payment Due by Date: \_\_\_\_\_  
 Apply Full Payment     Apply partial payment of: \$ \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(Check only the one that applies)**

- I want the utility payment mailed directly to the utility company:   
Mail the payment to my mailing address I will hand deliver the payment:

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

My primary residence is at \_\_\_\_\_. The name of the account holder is: \_\_\_\_\_. He/She is my: \_\_\_\_\_. I am taking responsibility for the payment of this utility bill.

### **HEATING UTILITIES:**

**(Must attach most recent statement)**

Utility Company \_\_\_\_\_  
Utility Amount: \$ \_\_\_\_\_ Utility Payment Due By Date: \_\_\_\_\_  
 Apply Full Payment     Apply partial payment of:\$ \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(Check only the one that applies)**

- I want the utility payment mailed directly to the utility company:   
Mail the payment to my mailing address I will hand deliver the payment:

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

My primary residence is at \_\_\_\_\_. The name of the account holder is: \_\_\_\_\_. He/She is my: \_\_\_\_\_. I am taking responsibility for the payment of this utility bill.

### **WATER UTILITIES:**

**(Must attach most recent statement)**

Utility Company \_\_\_\_\_  
Utility Amount: \$ \_\_\_\_\_ Utility Payment Due By Date: \_\_\_\_\_  
 Apply Full Payment     Apply partial payment of: \$ \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(Check only the one that applies)**

I want the utility payment mailed directly to the utility company:   
Mail the payment to my mailing address I will hand deliver the payment:

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

My primary residence is at \_\_\_\_\_. The name of the account holder is: \_\_\_\_\_. He/She is my: \_\_\_\_\_. I am taking responsibility for the payment of this utility bill.

**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@kdwn.org](mailto:info@kdwn.org) or Mail to Attn: Tribal Administration, P.O. Box 1630 Williams CA, 95987