

HALIWA-SAPONI INDIAN TRIBE
HALIFAX ELECTRIC SENIOR ENERGY ASSISTANCE PROGRAM (Page1)

The Halifax Electric Senior Energy Assistance Program is providing assistance to eligible households experiencing an energy related emergency. An eligible household may receive a maximum benefit of \$300.00. Priority will be given on an income and needs basis. Assistance will be provided until funds are exhausted. The Haliwa-Saponi Indian Tribe will co-ordinate payments directly to Halifax Electric.

Eligibility Requirements:

- Must be an actively enrolled member of the Haliwa-Saponi Indian Tribe
- Must be 60 years old or older
- Must be a customer of Halifax Electric
- Cannot already be receiving any assistance or vouchers from the Haliwa-Saponi Indian Tribe
- Applicant must be the account holder
- Must provide past 2 months current energy bill

Applicant Information

Full Name: _____
First Last Phone

Address: _____
Number & Street City State & Zip

Haliwa-Saponi Indian Tribe Enrollment Number Date of Birth

Halifax Electric Account Number Email

Household Information

Are you currently employed? (Circle) Yes No Employer: _____

Monthly Income: _____ (Must Attach Monthly Income Proof)

Number of people in household: _____

Number of Adults 60 and over: _____

Number of children under age 18: _____

Is there anyone in the home with a disability? (Circle) Yes No

Have you been impacted by any of the following: (Circle all that may apply)

COVID Financial Crisis Health Crisis Utility Disconnection (If so please attach)

PLEASE ATTACH COPY PROOF OF MONTHLY INCOME

PLEASE ATTACH COPIES OF THE PAST 2 MONTHS CURRENT ENERGY BILL

HALIFAX ELECTRIC SENIOR ENERGY ASSISTANCE PROGRAM (Page 2)

Rights And Responsibilities:

I understand that it is against the law to make false statements. I certify that the information I have provided is true and complete statements of facts to the best of my knowledge. I give the Haliwa-Saponi Indian Tribe and Halifax Electric permission to verify all information necessary to determine my eligibility for the HALIFAX ELECTRIC SENIOR ENERGY ASSISTANCE PROGRAM.

Applicant Print Name

Applicant's Signature

Date

**PLEASE MAIL THIS FORM OR DROP IT OFF AT TO THE TRIBAL CENTER
HALIWA-SAPONI INDIAN TRIBE
HALIFAX ELECTRIC SENIOR ENERGY ASSISTANCE PROGRAM
39021 HWY 561
HOLLISTER, NC 27844**

PLEASE ATTACH COPY PROOF OF MONTHLY INCOME

PLEASE ATTACH COPIES OF THE PAST 2 MONTHS CURRENT ENERGY BILL

Do Not Write Below This Line

Application Received Date Stamped

APPROVED

DENIED

Haliwa-Saponi Indian Tribe Representative

Date