



WALKER RIVER HOUSING DEPARTMENT  
P.O. BOX 238/1063 HOSPITAL ROAD  
SCHURZ, NV 89427  
(775) 773-2334 FAX: 773-2340



## REQUEST FOR ELDERLY/DISABLED UTILITY ASSISTANCE

Purpose: The purpose of this statement is to provide utility assistance to the elderly/disabled persons to ensure continued utility/service; for safe and sanitary conditions and better living environments. **This policy is to be used for heating resources only.** (AVAILABLE: October 1 thru Dec 31<sup>st</sup> and Jan. 1<sup>st</sup> thru May 1<sup>st</sup>.)

**MUST BE A LOW INCOME PERSON AGE 55 YEARS OR OLDER OR DISABLED TRIBAL MEMBER RESIDENT OF THE WALKER RIVER PAIUTE TRIBAL RESERVATION.**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

PLEASE CIRCLE ONE OR MORE OF THE FOLLOWING HEATING RESOURCES THAT YOU ARE REQUESTING ASSISTANCE FOR:

**PELLETS**

**WOOD**

**PROPANE**

**HEATING OIL/DIESEL FUEL**

If you circled propane or heating oil/diesel fuel, which company do you use? (Ex: Affordable, AmeriGas, etc.) \_\_\_\_\_

- 1) Are you 55 years of age or older? \_\_\_\_\_
- 2) Are you declared disabled by the American Disabilities Act and are you currently receiving disability payments? \_\_\_\_\_
- 3) Is your primary place of residency on the Walker River Paiute Reservation?  
\_\_\_\_\_
- 4) Have you been convicted of a felony? \_\_\_\_\_

By signing you agree that the above information is true and accurate to the best of your knowledge and you understand that falsifying information to receive federal assistance is punishable by law and will potentially eliminate you from receiving future HUD assistance through the WRHD programs.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please submit with the following:** Proof of Tribal Enrollment, Copy of ID and/or social, Proof of Disability (if applicable), Proof of income (income verification/SSI/IGA/unemployment, etc.)

**All applications will NOT be reviewed until all requested documents are submitted.**