

**Fill out the application in its entirety**  
PLEASE INCLUDE A COPY OF TRIBAL ID AND PROOF OF INCOME, ONLY RESIDENCES IN  
SAWYER COUNTY

Head of Household Name (First, Middle, Last):  
\_\_\_\_\_

IF Head of Household is not an LCO Tribal Member, Qualifying LCO Tribal Member

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

D.O.B. \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

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

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

Telephone number: \_\_\_\_\_ Total Number in Household: \_\_\_\_\_

Specify the utility company(s) you choose to receive payment, your account number(s) and the amount applied to the account(s). **Please submit a copy of utility bills.**

Payments can be divided but total benefit not to exceed \$1000.

Name of Vendor: _____	
Account number: _____	Amount: _____
Name of Vendor: _____	
Account number: _____	Amount: _____

Homes using wood heat exclusively are not eligible for this benefit. Homeowner liability prevents this benefit because wood stoves. Limit one benefit per address regardless of household composition. If the qualifying tribal member is under the age of 18, that member must be living at the residence for longer than 90 days in order to receive this benefit. This benefit has zero cash value; any overpayments, credits at any vendor, or other value realized from the benefit shall be returned to the program, no exceptions.

I understand that by signing and returning this application I certify that the information I provided is true and accurate to the best of my ability. Incomplete applications or failure to provide additional requested documentation will result in this application being denied. Any fraudulent or falsified information, or any attempt to submit multiple applications from different residences will result civil or criminal penalties and may be deemed ineligible for any future benefits in the future. This Benefit is limited to residences located on the Lac Courte Oreilles Reservation or located within the Sawyer County boundaries. The Tribal Governing Board RESERVES THE RIGHT TO PROSECUTE ALL VIOLATIONS OF THIS POLICY TO THE FULLEST EXTENT OF THE LAW, INCLUDING REPAYMENT OF ANY BENEFITS ISSUED ON BEHALF THE TRIBAL MEMEBER APPLICANT.

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Head of Household Signature

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Date