



**The Klamath Tribes  
Community Services Department  
Elders Energy Assistance Program  
Application for Program Year 2020 (10/01/2019 to 09/30/2020)**

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**Background / Purpose:**

The Elders Energy Assistance Program (EEAP) is previously known as the Elders Wood Program (EWP). The EEAP replaced the EWP, through approval by the Tribal Council on March 1, 2019. The purpose of the EEAP is to provide assistance to Klamath Tribal Elders residing within the Service Delivery Area with their home energy needs. The EEAP is made possible by funds received from the Klamath Tribes Revenue Allocation Plan (KTRAP).

**Program Eligibility:**

- 1) At least one member of the Household must be a Klamath Tribal Elder  
(A Klamath Tribal Elder is defined as an enrolled member of The Klamath Tribes at least 60 years of age)
- 2) Residence must be located within Klamath County, Oregon
- 3) The Elder must have a residence, the Elder cannot be homeless
- 4) An Elder or Household may receive assistance once per Program Year (PY)
- 5) There is no income limit for the Household

**Required Documents:**

- 1) **Complete/signed Application**
- 2) **Copy of a utility bill (if applicable)** – We use this to ensure we have correct account number when sending payments to utility companies or local vendors, and making pledges.

**Application Process:**

Applications will be mailed to Klamath Tribal Elder households within Klamath County, by the first week of September of every year. Applications received within four weeks after the application release date, will be prioritized according to Section V, Item 2, of the EEAP Policy. Funds are limited, and if there are remaining slots, we will assist more households. If the EEAP is not awarded KTRAP funds, the Program will not operate and applications will not be released or accepted.

**This year 76 slots are available, those approved will receive \$350.**

**If you have any questions, please contact Wanita Brown (541) 783-2219 ext. 186.  
The Klamath Tribes, 501 S. Chiloquin Blvd., PO Box 436, Chiloquin, OR 97624 • Fax (541) 783-0994**

**HOUSEHOLD INFORMATION**

<b>Names of Household Members</b>	<b>Relationship to You</b>	<b>DOB</b>
1. _____	<u>Self</u>	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Klamath Tribal Elder's Roll Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message #: \_\_\_\_\_

**PRIORITY INFORMATION**

1. What is the age of the oldest Klamath Tribal Elder in the Household? \_\_\_\_\_
2. Is there at least one Elder in the Household, who is disabled or has health concerns? If yes, condition: \_\_\_\_\_  **YES**  **NO**

**HOME ENERGY SELECTION**

Please mark 1 or 2, home energy types you would like assistance with, up to \$350:

<b>Selection</b>	<b>Quantity/Amount</b>	<b>Vendor / Acct. #</b>
<input type="checkbox"/> Firewood (\$175/cord)	<input type="checkbox"/> 1 cord <input type="checkbox"/> 2 cords	_____ N/A
<input type="checkbox"/> Electric Bill (Pacific Power)	_____	_____
<input type="checkbox"/> Natural Gas Bill (Avista)	_____	_____
<input type="checkbox"/> Liquid Gas (Propane)	_____	_____
<input type="checkbox"/> Heating Oil	_____	_____
<input type="checkbox"/> Pellets	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

**DIRECT PAY FOR FIREWOOD**

If you select firewood, the Department will process a check for the number of cords you selected on page 2. Proof of purchase (a receipt) is due within 60 days of the check acceptance. An Elder may choose a trusted friend or family member to buy the firewood for them. If funds are lost, stolen, or misused they will not be replaced.

- Who will be responsible to buy firewood?       Elder       Trusted friend/family member
- Please write the name of the individual as it appears on a photo ID (to cash the check):  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

**SIGNATURE / DISCLAIMER**

As a Klamath Tribal Elder, or the Elder's representative, I hereby certify I have completed all sections of the application truthfully, honestly, and to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

***Did you know?***

**If your household income, does not exceed the income limits below, you may receive additional Energy Assistance? Ask Wanita Brown.**

Family Size	Annual Income	Monthly Income	Family Size	Annual Income	Monthly Income
1	\$24,550	\$2,045.83	7	\$63,734	\$5,311.16
2	\$32,103	\$2,675.25	8	\$65,150	\$5,429.16
3	\$39,657	\$3,304.75	9	\$66,566	\$5,547.16
4	\$47,210	\$3,934.16	10	\$67,983	\$5,665.25
5	\$54,764	\$4,563.66	11	\$69,399	\$5,783.25
6	\$62,317	\$5,193.08	12	\$70,815	\$5,901.25
			Each additional member	\$1,416	\$118

**OFFICE USE ONLY**

APPROVED                       DENIED                       WAITLIST  
 #: \_\_\_\_\_                      #: \_\_\_\_\_                      #: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Date Client Notified of Action: \_\_\_\_\_  
 EAC Signature/Date: \_\_\_\_\_  
 Director Signature/Date: \_\_\_\_\_

**OFFICE USE ONLY**  
**DATE/TIME STAMP**