



Summit Lake Paiute Tribe

1001 Rock Blvd.
Sparks, NV 89431
T: (775) 827-9670
F: (775) 827-9678

COVID-19 Emergency Utility Assistance Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Enrollment No.: _____ Social Security No.: _____ Date of Birth: _____

Utility Company Information

You MUST attach a utility bill matching the dollar amount provided below. Utility Bill must be in the qualifying Tenant/Tribal Member Households Name

Electrical Company: _____ \$: _____

Propane/Natural
Gas/Kerosene Company: _____ \$: _____

Water/Sewer/Trash: _____ \$: _____

Household Information

Full Name: _____ DOB: _____

SSN: _____ Tribal No.: _____

Full Name: _____ DOB: _____

SSN: _____ Tribal No.: _____

Full Name: _____ DOB: _____

SSN: _____ Tribal No.: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that this Emergency Utility Assistance is due to the COVID-19 Pandemic. I understand the SLPT will assist with utility bills dated after March 1, 2020 that has impacted my household due to loss of income or limited income. I understand the total assistance amount per household that can be claimed is \$400.00 total. I understand that this assistance is for my household. This assistance is only valid until funds are exhausted or until December 30, 2020 whichever comes first.

Signature: _____ Date: _____