

Eligibility Requirements

Applicant must:

- Have an active residential NTUA account
- Have a past due balance
- Need help to pay your utility bill
- Provide household size and annual income

Income Limits

All past due households in NTUA service areas are encouraged to apply. Number of people in household and annual income limit are needed to determine eligibility. (You may qualify even if you were denied assistance in the past)

Application Checklist - REVISED

To apply for utility assistance, you must work with your local district office. Please visit www.ntua.com for more information.

When visiting the intake sites, make sure that you bring the following documents with you to expedite the application process.

- Completed application
- Proof of household income
- A copy of your utility bill issued within the last 30 days of submitting your application
- A copy of applicant & co-applicant's (if applicable) CIB or tribal enrollment - REVISED
- If any member of the household received aid through TANF or other assistance programs, award letter needed.



NTUA PAST DUE RELIEF PROGRAM

Requirements: The following recommendations are intended to help applicants avoid common errors

Multiple Applications: Applicants must not submit multiple applications with the same SSN or NTUA Account number

Failure to follow the instructions, including submitting the required supporting documentation, may result in NTUA deeming your application ineligible for assistance.

Application Instructions

Top Section

Date

Enter the date application is being completed.

NTUA Account No.:

Enter the account holder's NTUA account number

Account Holder & Co-applicant

Enter the first and last name of account holder and co-applicant who can be contacted if NTUA has additional questions or needs to follow up.

Enter the last 4 digits of Social Security Number

Enter the last 4 digits of Social Security number for both account holder and co-applicant

Census No:

Enter the tribal census number of account holder and co-applicant

Tribal Affiliation

Enter the tribal affiliation of account holder and co-applicant

Phone Number

Enter the phone number where the account holder or co-applicant can best be reached. This will be the primary way that NTUA will contact you about next steps for the application, including urgent requests for additional information. Ensure that the phone number is correct, and the account holder or co-applicant will be responsive.

Email Address

Enter the email address where the account holder or co-applicant can best be reached

Mailing Address

Enter the account holder's mailing address.

Physical Address

Enter the account holder's physical address.

I. Household Composition

Complete each field for every household member

- First name listed should be account holder
- Use First and Last names as they appear on identification
- Complete relation to family head e.g., Head, spouse, child, brother, etc.
- Complete date of birth for each household member
- Notate age of each household member
- Identify sex of each household member
- Identify if household member is or is not a veteran. A veteran is someone who has actively served in the armed forces for a certain period of time and was not dishonorably discharged
- Identify if household member is or is not disabled.
- Declare employment status of each household member. e.g., Full-time, Part-time, unemployed, self-employed.

II. Federal Assistance Programs

Check off any programs that your household is receiving and bring proof

Signature Line

Applicant must sign the document ensuring all information is correct and accurate

Along with the application, please provide documents to show that you are eligible, such as:

- Copy of identification
- W-2 forms(s) or self-employment tax returns for last year
- Award letters, pay stubs, or other proof of any temporary or permanent worker's compensation type benefits
- Scan QR code to open digital application



In case you need help with anything call 1-800-528-5011 for further assistance or visit your nearest district office.



Navajo Tribal Utility Authority PAST DUE RELIEF PROGRAM

Date: _____ NTUA Account No.: _____

NAME (account holder): _____ **Social Security #.:** _____
Last 4 digits

Census No.: _____ Tribal Affiliation: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

NAME (co-applicant): _____ **Social Security #.:** _____
Town State Zip Code

Census No.: _____ Tribal Affiliation: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____
Town State Zip Code

I. FAMILY HOUSEHOLD

Family Member No.	Name of Family Members	Relation to Family Head	Date of Birth	Age	Sex	Veteran Y/N	Disabled Y/N	Employed (FT/PT), Unemployed, Self-Employed
1.		HEAD						
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

II. FEDERAL ASSISTANCE PROGRAMS

Check off all the programs that your household is receiving:

- | | |
|--|---|
| <input type="checkbox"/> a. Temporary Assistance for Needy Families (TANF)?
<input type="checkbox"/> b. Low Income Energy Assistance Program (LIHEAP)?
<input type="checkbox"/> c. Low Income Household Water Assistance Program (LIHWAP)?
<input type="checkbox"/> d. Department of Economic Security? | <input type="checkbox"/> e. Utah Heat?
<input type="checkbox"/> f. NHA Public Rental tenant or Home buyer?
<input type="checkbox"/> g. Supplemental Security Income (SSI)?
<input type="checkbox"/> h. Other? Please indicate. _____ |
|--|---|

i. Were you negatively impacted by the COVID-19 pandemic? No Yes

j. If so, how? _____

By signing this application, I swear to the statements contained in this income verification document herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (17 N.N.C. Sec. 335)

Signature _____

For official use only, do not fill out this portion...

III. TOTAL FAMILY ANNUAL INCOME

Family Member No.	Employer of Source of Income	Length of Employment	Rate of Pay			Annual Income Amount
			Hourly	Weekly	Monthly	
1.			Hourly	Weekly	Monthly	
2.			Hourly	Weekly	Monthly	
3.			Hourly	Weekly	Monthly	
4.			Hourly	Weekly	Monthly	

TOTAL FAMILY ANNUAL INCOME \$ _____

Family Size _____

US Median Income Amount \$ _____

Family Determination:

- Eligible Low-Income Eligible Non-Low Income Non-Eligible



WAGE AND SALARY VERIFICATION

NTUA PAST DUE RELIEF PROGRAM

Dear Sir/Madam,

The Navajo Tribal Utility Authority (NTUA) is required to verify the eligible salary income for all members of the families applying for the NTUA Past Due Relief Program. All salary income(s) will be examined to ensure proper qualification for assistance. This verification of income form is a federal requirement and your cooperation in supplying the information below, for the applicant named, will assist in determining the eligibility status for utility assistance payments of the applicant.

Please complete and sign the authorization below and return to the applicant. Your prompt return of the information is greatly appreciated. If you should need further assistance, please contact our Contact Center directly at 1-800-528-5011 and reference the NTUA Past Due Relief Program.

"I hereby authorize the release of all information relating to my income to the Navajo Tribal Utility Authority for use in obtaining utility assistance."

Name: _____ Last 4 digits of SSN #: _____

Signature: _____ Date: _____

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TO BE COMPLETED AND SIGNED BY AUTHORIZED EMPLOYMENT REPRESENTATIVE

Employer Name: _____

Employer Address: _____

Employee Name: _____

Dates of Employment: From: _____ Through: _____

Position: _____

Hourly Rate: \$ _____

Total Hours Per Week: \$ _____

Total Compensation Per Annum: \$ _____

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

Name: _____ Date: _____ Telephone No.: _____

Title: _____ Signature: _____