

# **LAC VIEUX DESERT BAND OF LAKE SUPERIOR CHIPPEWA INDIANS**

## **ACCOUNTING DEPARTMENT**

*PO Box 249, N4698 US 45 • Watersmeet, MI 49969*

*Phone: 906-358-4577 Fax: 906-358-0177*



## **UTILITY PROGRAM GUIDELINES**

### **PLEASE KEEP FOR YOUR REFERENCE**

This program was designed to help Tribal Members with costly utility bills during the winter months. The beginning and ending date will be established by the Tribal Council. The beginning date of this program is 12/16/2020 and ends 12/31/2021. Each approved applicant will be eligible for \$500.00 per household to utilize for heat, electric, and water/sewer bills.

To be approved each applicant must meet the following criteria:

- Must be a Lac Vieux Desert Tribal Member
- Must be 18 years of age or older
- Must be Head of Household
- Must have proof of physical address
- Each bill must be in the applicant/tribal member's name

Once Approved you may use one of the following three options to submit a utility bill for payment: Just remember that a signed and dated check request is required to accompany each bill submitted for payment.

- You may bring the application to the Tribal Administration Office, please follow CDC and LVD Tribal Social Distancing guidelines.
- Mail it to the Lac Vieux Desert Accounting, Attn: Alex Metas, PO BOX 249, Watersmeet, MI 49969
- Fax to Alex Metas in Accounting at (906) 358-0177

Other facts about the program that you may need to know:

- **Only one application per household. Two Tribal Members residing in the same household cannot both apply. If you household changes in any way you are required to notify Alex Metas in Accounting at (906) 358-4577 ext. 4155. At this point, you will be required to fill out an application. If you fail to do so, your privileges will be revoked and you will be required to repay any monies disbursed under your account and you may not be deemed eligible for the program in the future.**
- **All bills must be in your name or your spouses at the original physical address provided on your utility application. Any bill that does not meet this requirement**

**will not be paid under this program so it is very important to notify us of any changes during the course of the year.**

- **Utility checks will be made out and mailed on Fridays only; no expectations.**
- **The accounting Department will not be held responsible for bills that are not paid in a timely manner due to the date the bill is submitted.**
- **The Lac Vieux Desert Tribal Council reserves the right to change any of these guidelines or discontinue the program at any time.**
- **Families and/or household members are encouraged to seek additional services from Social Services. Additional funding opportunities may be available. Contact DeeDec or Wendy at (906) 358-4940.**

### **General Welfare Program**

This program is established under the Tribal General Welfare Exclusion Act, Public Law No. 113-168 is deemed a need-based programs, subject to general welfare exclusions, and shall not be classified as gross income under § 61 of the Internal Revenue Code, 26 U.S.C. § 61, et. seq., or any other applicable law.



## UTILITY PROGRAM APPLICATION

\_\_\_\_\_  
Tribal Member Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physical Address and P.O. Box #

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone Number

Please list all people residing in the household (Adults and Children)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that by applying for assistance from the LVD Utilities Program I agree to provide proof of my household income (each person 18 year and older listed on the application). I also certify that I have provided true and correct information to the best of my knowledge, and have read and understand the utility guidelines and agree to abide by them.

\_\_\_\_\_  
Signature of Tribal Member

\_\_\_\_\_  
Date

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### DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Eligible Amount \_\_\_\_\_

\_\_\_\_\_  
Chairman or Vice Chairman

\_\_\_\_\_  
Treasurer or Secretary