

**[Tribal Letterhead]**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Home Energy Plus Program Representative Name, Agency (Please Print)

FROM: \_\_\_\_\_  
Tribal Representative Name, Position Title (Please Print)

RE: Verification of Tribal Trust Land for Wisconsin Home Energy Plus Program Purposes

WHEAP APPLICANT NAME: \_\_\_\_\_

WHEAP APPLICANT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the following apply to the above named WHEAP Applicant:

- He/She resides on tribal trust lands at the aforementioned Address; and
- He/She is the individual authorized by the Bureau of Indian Affairs and/or Tribe to use the premises as a principal full time residence; and
- He/She is responsible for any and all upkeep to the dwelling on the premises located at the above Address; and
- He/She has the authority and responsibility to sanction any repairs necessary to maintain the home, including the repair or replacement of the heating unit.

Tribal Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_