

*** Are any household residents receiving:**

Child Support: Yes No
Per Capita: Yes No
Elder Stipend: Yes No
Supplemental Assistance: Yes No
SSI/RSDI/Pension: Yes No
Assistance from the State you live in: Yes No

Do you have a child support order? Yes No
Per Capita from another Tribe? Yes No
Cultural Activity Pay? Yes No

Notes: _____

Circle all that apply: Utility Assistance Cash Assistance
Food Stamps Medicare Medicaid

***Are any household residents:**

Currently employed: Yes No
Employed in the past 12 months: Yes No
Received Adult Trust Fund payment in the past 12 months (only for household members ages 21-24):
Yes No
Does any household resident have a life threatening illness which requires the need of electricity?
Yes No

1. I hereby certify that all information in this application is true, correct, and complete to the best of my knowledge.
2. I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud and/or recovery of funds paid on my behalf.
3. I understand that failure to provide all necessary information and documentation can result in denial of my application.
4. I hereby authorize the release of information by the appropriate agencies of the Pokagon Band of Potawatomi Indians, for the purpose of verifying information needed to establish eligibility for the program.
5. I understand that a decision will be made concerning my application within 5 business days of the date of application.
6. I understand this is a maximum amount per fiscal year for the Emergency Services Program.
7. I understand that I may be referred to financial counseling if deemed eligible for assistance due to this being an emergency program.

Applicant's Signature

Date

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Name	Income
_____	_____
_____	_____
_____	_____
_____	_____

Total Income: _____

Income Limit: _____

Approved: _____ **Denied:** _____

Outreach Worker Signature: _____ **Date:** _____

Notes:

