

**POKAGON BAND OF POTAWATOMI INDIANS**  
**ELDER EMERGENCY ASSISTANCE PROGRAM**

**APPLICATION**

- Completed Applications must be delivered in person or by U.S. Mail or private courier to the Elders Council at Elders Hall, which is located at: **53237 Townhall Road, in Dowagiac, MI 49047.**
- Elder Emergency Assistance Program is governed by the Emergency Assistance Program Policy, copies of which are available at Elders Hall.
- Elder Emergency Assistance is subject to available funding and will be awarded on a first-come, first served basis, provided that priority among applications may be determined based on the greatest emergency need. All other applicable Band assistance programs must be exhausted before seeking Elder Emergency Assistance.

Name \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

Band Enrollment Number \_\_\_\_\_

Principal Residence Address \_\_\_\_\_

\_\_\_\_\_

Rent

Own

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

List all dependents and other persons who reside at the above principal residence.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Describe the need for Emergency Assistance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the amount of Emergency Assistance requested:       \$ \_\_\_\_\_

Describe all other Pokagon Band assistance programs that you have applied for to meet the need, including the dates of application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the reasons you are not able to meet the need. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the name, address and telephone number of any company that will provide any service or perform work, all or a portion of which will be paid for with the Emergency Assistance, such as a seller of goods or contractor (repairman).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During the current calendar year, have either you or anyone else in your household received any assistance under any of the following Pokagon Band programs:

Elder Emergency Assistance Program?

Yes  No

Emergency Services Program (Department of Social Services)?

Yes  No

Repair and Rehabilitation Program (Department of Housing)?

Yes  No

Any other Pokagon Band assistance program

Yes  No

If "yes" to any of the above, then for each type of assistance received, state the date, amount and reason for the assistance:

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Please submit with this Application, the following documentation (if applicable).

Estimate from Vendor

Attached  Not Applicable

Documentation (such as a deed) showing that you own your principle residence

Attached  Not Applicable

Documentation (such as insurance claim information or police report) showing that your principal residence was destroyed or damaged

Attached  Not Applicable

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**FOR ELDERS COUNCIL USE ONLY**

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*Date the Application was received* \_\_\_\_\_

*Date of the decision on the Application* \_\_\_\_\_

*The decision was made by Motion*  *or Resolution*

*The Emergency Assistance was Denied*  *or Approved*

*The reason for denial was* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Date the notice of decision was sent to the elder by U.S. Mail* \_\_\_\_\_

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