

# POKAGON BAND OF POTAWATOMI INDIANS

P.O. Box 180 • 58620 Sink Road • Dowagiac, MI 49047 • Phone: 269-782-4300 • Fax: 269-782-4295



## Emergency Services Initiative 2019

**Application must be complete.** Include ALL household residents, Tribal ID's, provide all current household income (check stubs, most recent tax return, SSI/RSDI/Pension, proof of child support, etc.), and current proof of emergency (disconnect on utility bill, homeless prevention, car repairs – must be employed or going to school, major appliance repair.) If you are needing assistance with rent, the landlord will need to fill out a landlord statement and a W-9. Any payments made to landlord must guarantee an additional 30 days of residence. The application process will **NOT** begin without all verifications.

**Briefly describe what emergency occurred and why it occurred:**

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1. \_\_\_\_\_

Applicants Name	Date of Birth	Age	Social Security #
_____		_____	_____
Street Address	City/State		Zip Code
_____	_____		_____
County	Telephone #	Email Address	
_____	_____	_____	

Are you a Pokagon Band Citizen? Yes  No  Tribal ID # \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_ Do you have a land contract? Yes  No

	<u>List all other household residents</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Tribal ID #</u>	<u>Social Security #</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

If application is approved, the vendor will be contacted with a pledge or payment

Are any household residents receiving:

Child Support? Yes  No  Do you have a child support order? Yes  No  SSI/RSDI/Pension? Yes  No

If yes, who? \_\_\_\_\_

Per Capita? Yes  No  Elder Stipend? Yes  No  Supplemental Assistance? Yes  No

If not, why? \_\_\_\_\_

Are any household residents receiving assistance from the Department of Human Services? Yes  No

If yes, who and what assistance? \_\_\_\_\_

Are any household residents employed or been employed in the past 12 months? Yes  No

If yes, who? \_\_\_\_\_

Has any household resident received trust fund payment in the past 12 months? Yes  No

If yes, who? \_\_\_\_\_

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 one-time assistance program within same/current year.
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:

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