

# POKAGON BAND OF POTAWATOMI INDIANS

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**Email:** social.services@pokagonband-nsn.gov



## Emergency Services Initiative 2023

**Application must be complete.** Include ALL household residents, Tribal ID's and/or State issued ID's. All years 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. More documentation may be required. The application process will **NOT** begin without all verifications.

**Briefly describe what emergency occurred and why it occurred (Required):**

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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 # \_\_\_\_\_ Is address current with enrollment? \_\_\_\_\_

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

2.	<u>List all other household residents</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Tribal ID #</u>	<u>Social Security #</u>
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  
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 10 business days of receiving all required documentation.
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:**

\_\_\_\_\_  
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