

Do you have a bank account? _____ yes _____ no. Amount in account \$_____ Note: **Please attach statement.**

Do you own your home? _____ yes _____ no. Assessment value \$_____ Note: **Please attach current tax statement.**

Do you own automobiles, boats, other land or summer homes, recreation vehicles, etc? (Year, make) Note: **Please attach title or registration.**

List: _____	Mileage: _____	Condition: _____
_____	_____	_____
_____	_____	_____

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 purposes of verifying information needed to establish eligibility for the program.

Applicant's Signature

Date

Please remember to attach income documentation (most recent income tax return) for *all applicable household members*, copy of Tribal ID card, along with this completed application. The application process will not begin without verifications. The burden of proof falls solely on the applicant.

Checklist

This application will not be reviewed without the following items: Please use this checklist as a guide when completing this application.

Income: tax return, 1099 _____

Disclaimer (s) _____

Tribal ID _____

Resource Documentation: title, car registration, Social Security award letter, etc. _____

Please note other items may be requested that are specific to each applicants situation.

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Total Net Income: _____

Name	Net Income	Net Resources

Total Net Resources: _____

Disclaimer:

Elder's Stipend: _____

Per Capita: _____

Notes: _____

Approved: _____ Denied: _____

Elder's Specialist/Outreach Worker

Date

Director of Social Services

Date