

POKAGON BAND OF POTAWATOMI INDIANS

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BIA ARP Potable Water Program

Application must be complete. Include ALL Household residents, Tribal ID's, Social Security cards and current water bill. The application process will NOT begin without all verifications.

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? _____
If no, must update with enrollment

	<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.	_____	_____	_____	_____	_____

Water Bill

Are you currently disconnected? Yes No If you answered yes, you are not eligible for this program.

If your bill is in someone else's name, what are the last four digits of their Social Security #? _____

Name on account/bill: _____

Vendor's Name: _____

Address: _____

State: _____ Zip Code: _____

Account Number: _____

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 or community agencies/individuals for the purposes of verifying information needed to establish eligibility for the program.
5. I understand that a decision will be made concerning my application within 10 working days of receiving application and all required documentation.
6. I understand that I have the right to appeal any decision made on this application at any time.

Applicant's Signature

Date

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

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Applicant: _____

Approved: ___ **Denied:** _____

Vendor: _____

Amount Approved: _____

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

Notes:

