



Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
ELDER'S COUNCIL

POKAGON BAND OF POTAWATOMI INDIANS ELDER SNOW REMOVAL REIMBURSEMENT PROGRAM

APPLICATION

- Completed Applications must be delivered in person, by U.S. Mail, by email, or by fax. If delivered **in person**, the completed Application must be delivered to the Elders Specialist at Elders Hall, 53237 Townhall Road, Dowagiac, MI 49047, or **by mail** to the Elders Specialist, P.O. Box 180, Dowagiac, MI 49047, or **by Email** to Beth.Warner@pokagonband-nsn.gov, or **by Fax** to (269) 782-1696.
- The Elder Snow Removal Reimbursement Program is governed by the Elder Snow Removal Reimbursement Program Policy (“Policy”), copies of which are available at Elders Hall or on the Band’s website.
- Elder Snow Removal Reimbursement Program is limited to \$275 of Snow Removal Reimbursement Assistance per Elder Household for certain eligible expenses incurred by an Elder for the Elder’s Home during a calendar year, is subject to available funding, and will be awarded on a first-come, first-served basis.
- Snow Removal Reimbursement Assistance will be paid to the Elder and not to any other person or entity.
- If you have questions or need assistance with this Application, please contact the Elders Specialist at (269) 782-0765.

Name: _____ Date: _____

Telephone Number: _____ Date of Birth: _____

Band Enrollment Number: _____

Home Address: _____

Mailing Address (if different): _____

Email: _____ Fax: _____

List all persons who reside at the above Home.

_____	_____
_____	_____
_____	_____
_____	_____

Please check the boxes below that describe which expenses you have incurred and are seeking reimbursement for and include all required supporting documentation.

<input type="checkbox"/> Section 3(a) Snow Removal Services	Includes the following: <input type="checkbox"/> Snow Plowing, Snow Blowing, or Snow Shoveling of the Driveway or other Parking Area, Porch, Walkways, and other Affected Areas. <input type="checkbox"/> Application of Salt onto the Driveway or other Parking Area, Porch, Walkways, and other Affected Areas.
<input type="checkbox"/> Section 3(b) Purchase of Snow Shovel or Salt	Includes the following: <input type="checkbox"/> Snow Shovel <input type="checkbox"/> Salt

State the Date(s) you incurred these expenses: _____

State the amount of Snow Removal Reimbursement Assistance requested: \$_____

I have attached all invoices, receipts, and other documentation to this application:

Yes No

During the current calendar year (January 1st – December 31st), have you or anyone else in your household **received** any assistance for this need under this or any other assistance programs?

Yes No

If yes, please identify:

Program Name: _____

Date of Assistance: _____

Amount of Assistance: _____

Reason for the Assistance: _____

By signature below, the Applicant acknowledges and agrees that:

- This Program is structured with the intent that the Snow Removal Reimbursement Assistance be non-taxable to Elders under the Tribal General Welfare Exclusion Act and IRS Revenue Procedure 2014-35 and not subject to information reporting and withholding under federal tax laws and regulations. Nonetheless, if the Internal Revenue Service deems the Snow Removal Reimbursement Assistance, or any portion of the Snow Removal Reimbursement Assistance, to be taxable, then the Elder (and not the Band) shall be solely responsible for any taxes, interest and penalties owed from receipt of the Snow Removal Reimbursement Assistance. Elders are encouraged to contact a tax advisor with any tax questions relating to the Snow Removal Reimbursement Assistance.
- The Band shall not be responsible for any conditions, warranty, performance, or other issues, including any malfunctions, losses, damages (including personal injury, death, or damage to any property), etc., arising from or in any way related to any Snow Removal Reimbursement Assistance. To the fullest extent permitted by applicable law, by participating in the Program, an Elder shall be deemed to have forever released, waived, and agreed not to sue the Band and its officials and employees from all claims, damages, liabilities, and expenses, which arise, directly or indirectly, in connection with participating in the Program.
- The Applicant has fully read the Policy and this Application.

The Applicant hereby certifies that the above information is true, complete, and correct in all respects.

Applicant's Signature

Date: _____

FOR ELDERS SPECIALIST USE ONLY

Date the Application was received by Elders Specialist _____.

Method the Application was delivered _____

On _____ **the Elders Specialist determined that this Application:**

- Does comply with the requirements of the Policy and is otherwise complete. Application was approved and reimbursement was requested on** _____.

- Does not comply with the requirements of the Policy, or that the application is not otherwise complete. The Elders Specialist informed the Applicant of this determination** **in writing,** **electronically** or **orally on:** _____ **. The reason for determination was:** _____

_____.

- Does comply with the requirements of the Policy and is otherwise complete, however:**
 - the Elder is not eligible for Snow Removal Reimbursement Assistance under this Policy; or**

 - Snow Removal Reimbursement Funding is no longer available.**

The Elders Specialist informed the Applicant of this determination, any right to an appeal the determination, including a description of the appeal procedure and a statement informing the Elder of their ability to reapply for assistance if their circumstances change, by **U.S. Mail,** **email, or** **fax on:** _____.

The reason for determination was: _____

_____.