POKAGON BAND OF POTAWATOMI INDIANS

P.O. Box 180 ● 58620 Sink Road ● Dowagiac, MI 49047 ● Phone: 269-782-4300 ● Fax: 269-782-4295
Email: social.services@pokagonband-nsn.gov

Emergency Services Initiative 2024

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, trust payments, 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. **ALL PAYMENTS WILL GO TO THE VENDOR**.

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

_____

_____

_____

_____

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☐

	List all other household residents	Age	Date of Birth	Tribal ID #	Social Security #
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☐
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.
8. I understand that ALL payments are always paid to the vendor.

_____ _____
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:

_____

_____