

**SAUK-SUIATTLE TRIBE
SOCIAL SERVICES
EMERGENCY ASSISTANCE**

Certain information requested on this form is covered by the Right of Privacy Act. However this information is necessary to process your application. ALL questions must be answered.

HEAD OF HOUSEHOLD NAME _____

SOCIAL-SECURITY NUMBER _____

TOTAL NUMBER OF PERSONS IN HOUSEHOLD _____ MALE _____ FEMALE _____

TOTAL NUMBER OF NATIVE MEMBERS _____ Ages 0-2 _____ 3-5 _____

TRIBAL AFFILIATION _____ 6-18 _____ 19-59 _____

IS ANY MEMBER OF THE HOUSEHOLD DISABLED? YES _____ NO _____ 60+ _____

PHYSICAL ADDRESS OF HOUSEHOLD

PHYSICAL STREET ADDRESS _____ PHYSICAL CITY/STATE _____ ZIP CODE _____

COUNTY _____ HOME PHONE _____ CELL OR WORK PHONE _____

ASSISTANCE WITH

WHAT IS THE TOTAL MONTHLY INCOME RECEIVED BY **ALL** MEMBERS OF YOUR HOUSEHOLD FROM THE FOLLOWING SOURCES:

EMPLOYMENT \$ _____ INDUSTRIAL COMP \$ _____

TANF \$ _____ PENSION/RETIREMENT \$ _____

SOCIAL SECURITY \$ _____ UNEMPLOYMENT COMP \$ _____

SSI \$ _____ OTHER \$ _____

VETERANS BENEFITS \$ _____ **TOTAL MONTHLY INCOME** \$ _____

DO YOU RECEIVE FOOD STAMPS? YES _____ NO _____

HOUSING STATUS: RENT _____ OWN _____ OTHER _____

WHAT IS YOUR FUEL TYPE? ELECTRIC _____ NATURAL GAS _____ OIL _____ OTHER _____

I ALSO CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM SIGNING THIS APPLICATION UNDER PENALTY OF CRIMINAL PROSECUTION IF I KNOWINGLY GIVE FALSE INFORMATION WHICH RESULTS IN PAYMENT TO WHICH I AM NOT ENTITLED.

Applicant's Signature _____ DATE _____

Tribal Approval _____ DATE _____