

MONTHLY INCOME (all members over 18 including yourself)

SOURCE	NAME	AMOUNT
	MONTHLY TOTAL	

REQUESTED EMERGENCY ASSISTANCE:

_____ EMERGENCY FOOD VOUCHER - Food vouchers (gift cards) will be limited to \$100 per person with a maximum of \$500 per household once per year.

Voucher amount can change without notice, contingent on funding.

_____ EMERGENCY GAS VOUCHER- for ICWA families, parents who have an open ICWA case that need to make important appointments. Tribal members experiencing hardship and are in need of services to be able to make it to work, important appointments, etc. \$100 max twice per year per adult.

_____ EMERGENCY KIT: One emergency kit will be given to eligible members who request the service. Emergency Kits will provide members with basic necessities such as toiletries, mini first aid kit, personal sanitation, feminine hygiene supplies, etc.

_____ EMERGENCY UTILITIES- including energy bills to offer emergency assistance to tribal members who do **NOT** qualify for LIHEAP assistance. This is for members that do not have other resources to make energy related payments. \$300 max per household twice per year.

_____ EMERGENCY SHELTER: temporary assistance for homeless populations or victims of crime. Maximum of 5 days, once per year. (Also eligible for rapid re-housing assistance)

_____ RAPID RE-HOUSING: in need of financial assistance to avoid eviction, losing home, or becoming homeless.

(Amount of assistance will vary on case-by-case basis)

- Pay move in costs (amount will vary)
- Pay first & last month's rent
- Landlord incentive (if needed)
- Assist with basic necessities that are needed when first moving into a home (furniture, household necessities, etc.) Max of \$500

_____ HOMELESSNESS PREVENTION: In order to qualify for this assistance members must have one or more of the following:

- Household has 3- day notice to pay or vacate
- Household has an eviction notice
- Someone in the home has had a decrease in income and the family is no longer able to pay rental amount
- Increase in rent making the unit unaffordable
- Increase in expenses making it difficult to pay rent

Will assist members with rent for a maximum of 12 months. The first 3 months' rent will be paid in full; the next 3 months rental assistance will be cut to 75%, the next 3 months rental assistance will be cut to 50%, the last 3 months rental assistance will be cut to 25%.

_____ TENANT BASED RENTAL ASSISTANCE: the purpose of this assistance is to assist families who are unable to keep up with rent and help them find an affordable place to live. The household must have verifiable income and maintain sufficient income to meet their future housing needs. This means there needs to be some type of regular, steady income (working income, social security payment, etc.).

Will assist members with rent for a maximum of 12 months. The first 3 months' rent will be paid in full; the next 3 months rental assistance will be cut to 75%, the next 3 months rental assistance will be cut to 50%, the last 3 months rental assistance will be cut to 25%.

EMERGENCY ASSISTANCE ACKNOWLEDGEMENTS & AUTHORIZATION TO RELEASE INFORMATION:

(Please initial below)

_____ I understand that I will be required to provide verification of emergency situation, including, but not limited to; utility bills, rental documentation, past due/shut off notice, eviction notice, W-9 for vendors, etc.

_____ I understand that receipts MUST be submitted to the Social Services Dept. within 15 business days if requested by staff.

_____ I am the only person in my household who has applied for Tribal HHAP Emergency Assistance.

_____ I understand my application will remain active for 10 days in order to give me the opportunity to collect the documentation needed. After 10 days, the application will be inactive and I will need to reapply again if assistance is still needed.

_____ I hereby release the Pit River Tribe and its employees from any/all liabilities, responsibilities, damages, and claims which might result from release of information authorized above.

By signing below, I am certifying that all information provided, oral and written are true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program. This release will be in effect for one year from the date it is signed unless terminated earlier at the request of the client.

Verbal authorization give: _____ Yes _____ No _____ N/A

Staff Receiving Verbal Authorization: _____

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPLICATION DATE: _____

REQ. NUMBER: _____

SOURCE OF FUNDS: _____

DATE PROCESSED BY SS DEPT. _____

SERVICES REQUESTED:

- EMERGENCY FOOD VOUCHER
- EMERGENCY GAS VOUCHER
- EMERGENCY KIT
- EMERGENCY UTILITIES
- EMERGENCY SHELTER
- RAPID RE-HOUSING
- HOMELESSNESS PREVENTION
- TENANT BASED RENTAL ASSISTANCE