



# COMANCHE NATION OF OKLAHOMA

## SOCIAL SERVICES DEPARTMENT

### Emergency Assistance Program Application

PO Box 908, Lawton, Oklahoma 73502  
Office Phone: 580.492.3358/580.919.3167 Fax – 580.492.3742  
Email - [socialservices@comanchenation.com](mailto:socialservices@comanchenation.com)

#### **Eligibility:**

To be eligible for the Emergency Assistance Program, you must be an enrolled member of the Comanche Nation, 18 years of age and must be the Head of Household. The following documents are needed to complete your application:

- ✚ Applicant's Certified Degree of Indian Blood (**CDIB**). CDIB #: \_\_\_\_\_
- ✚ Utility assistance: Copy of the utility bills with identifying account number (must be in either the applicant's name or in a member of the household's name). The copies of the utility bills will need to be at least within the last 30 days. If the utility bill is not in the applicant's name, we will require proof of residence (piece of mail, etc.). For new utility service, documentation must be provided identifying the applicant's name, address, new account number, and balance due for each utility service.
- ✚ Rental Assistance – Must provide copy of the current lease and a W-9 (if applicable).
- Mortgage Assistance – Must provide copy of the most updated mortgage statement.
- Property Taxes – Must provide copy of the most updated property tax.

#### **BY SIGNING BELOW:**

- I understand I must submit all the required documents before my application will begin the review process.
- I understand that I have a period of two (2) weeks to submit all the necessary documentation or my case will be closed out.
- I understand that there is a six (6) month waiting period in between utility assistance, so as long as I am eligible.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

#### **For office use only:**

EM Asst approved amount: \_\_\_\_\_ Utility Company: \_\_\_\_\_ RQ #: \_\_\_\_\_

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EM Asst approved amount: \_\_\_\_\_ Utility Company: \_\_\_\_\_ RQ #: \_\_\_\_\_

EM Asst approved amount: \_\_\_\_\_ Shelter Name: \_\_\_\_\_ RQ #: \_\_\_\_\_

Case worker: \_\_\_\_\_ Date application approved: \_\_\_\_\_

## Emergency Assistance Program Application

### **APPLICANT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Comanche Nation Enrollment Number: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **HOUSEHOLD MEMBERS (Do not include self):**

<u>First and Last Name</u>	<u>DOB</u>	<u>Tribe</u>	<u>Relationship</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **TYPE OF ASSISTANCE REQUESTING:**

**\*\*Documents verifying the amount needed for assistance must be submitted with application\*\***

Shelter/Rent \_\_\_\_\_ Electric: \_\_\_\_\_ Water: \_\_\_\_\_ Gas: \_\_\_\_\_ Propane: \_\_\_\_\_

Amount requesting: \_\_\_\_\_ Name of Propane Company: \_\_\_\_\_

### **PLEASE STATE THE REASON FOR ASSISTANCE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **CLIENT(S) STATEMENT OF RIGHTS AND RESPONSIBILITIES:**

I understand that if I willingly and fraudulently provide false information for the purpose of obtaining benefits I may be ineligible for assistance.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Service Representative

\_\_\_\_\_  
Date