

EMERGENCY/TAX SUPPLEMENT ASSISTANCE  
DOCUMENT LIST

The following documents are needed to complete your Emergency/Tax Supplement Assistance Application. Applicant must be enrolled member of the Comanche Tribe and Head of Household.

1. Applicant's Certificate Degree of Indian Blood (CDIB)
2. Social Security Number(s) for **ALL** in household
3. Employment verification for **ALL** employed in household  
*Paystubs/Income are to be submitted as follows:*

|   |                        |                      |
|---|------------------------|----------------------|
| <i>If Paid Weekly-Need Last 4 Paystubs</i>                  | <i>Social Security</i> | <i>VA</i>            |
| <i>If Paid Bi-Weekly or Bi-Monthly-Need Last 2 Paystubs</i> | <i>SSI</i>             | <i>Child Support</i> |
| <i>If Paid Monthly-Need Last Paystub</i>                    | <i>Tanf</i>            | <i>Grants</i>        |

*And any other income*

*(Must submit a copy of the latest award letter or copy of the latest amount of money received. This must be in the form of a bank statement OR a written statement from a public assistance caseworker.)*
4. Unemployment Affidavit/Public Assistance form  
*(This form is to be signed by any person living in the household who is unemployed or not receiving any type of public assistance. Must also be signed by anyone age 16yrs and older and not in school)*
5. Any adult in the household with no income must submit the following:
  1. Apply with WIA
  2. Submit Health Statement (if unable to work)
6. Self-Employment Affidavit is to be signed by any person in the household who is self-employed.

**TYPE OF ASSISTANCE REQUESTED:**

\_\_\_\_\_ Utility Bill (Cut-Off Notice) or Eviction Notice

\_\_\_\_\_ Other (Describe): \_\_\_\_\_

**BY SIGNING BELOW:**

- **I UNDERSTAND THAT I MUST HAVE ALL REQUIRED DOCUMENTS IN MY CASE FILE BEFORE MY APPLICATION WILL BEGIN THE REVIEW PROCESS.**
- **I FURTHER UNDERSTAND I HAVE A PERIOD OF 2 WEEKS TO SUBMIT ALL NECESSARY DOCUMENTATION OR MY CASE WILL BE CLOSED.**

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

\_\_\_\_\_  
Date

COMANCHE NATION SOCIAL SERVICES DEPARTMENT  
EMERGENCY/TAX SUPPLEMENTAL ASSISTANCE APPLICATION

PLEASE PRINT

CLIENT INFORMATION:

DATE: \_\_\_\_\_

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

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

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

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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HOUSEHOLD MEMBERS: (Include all living in the home)

|    | <u>First &amp; Last Name</u> | <u>DOB</u> | <u>SSN</u> | <u>Tribe</u> | <u>Relationship</u> |
|----|------------------------------|------------|------------|--------------|---------------------|
| 1. | _____                        | _____      | _____      | _____        | _____               |
| 2. | _____                        | _____      | _____      | _____        | _____               |
| 3. | _____                        | _____      | _____      | _____        | _____               |
| 4. | _____                        | _____      | _____      | _____        | _____               |
| 5. | _____                        | _____      | _____      | _____        | _____               |
| 6. | _____                        | _____      | _____      | _____        | _____               |

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**TYPE OF ASSISTANCE REQUESTING:** Please check the type of assistance you are requesting.  
(Documents verifying the amount needed for assistance must be submitted with application.)

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

Other Need: \_\_\_\_\_ Purpose of Need: \_\_\_\_\_

Amount Needed: \$ \_\_\_\_\_

PLEASE STATE THE REASON FOR ASSISTANCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Income received in the Last 30 days: \_\_\_\_\_ (Must have verification)

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

- I hereby authorize the Comanche Nation to make any necessary investigation of my financial situation and other conditions relating to my eligibility.
- If I willingly and fraudulently provide false information for the purpose of obtaining benefits I may be ineligible for assistance.
- I understand that I have a right to a fair hearing of any action taken by the Comanche Nation which I consider improper. Request for fair hearing may be made in person or by handwritten notice to the Social Services Department of the Comanche Nation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (if present)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Services Representative

\_\_\_\_\_  
Date

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**UNEMPLOYMENT / PUBLIC ASSISTANCE AFFIDAVIT**  
***(Complete only if NO income is received)***

I, \_\_\_\_\_, do hereby certify that I am not presently employed  
*(Please PRINT Name)*  
or receiving any salary or wages from any employment source, child support, or Public Assistance such as SSI, Social Security, Workmen's Compensation, TANF or Veteran's Benefits.

\_\_\_\_\_  
Applicant's Signature or  
Adult Household Member Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
I, \_\_\_\_\_, do hereby certify that I am not presently employed  
*(Please PRINT Name)*  
or receiving any salary or wages from any employment source, child support, or Public Assistance such as SSI, Social Security, Workmen's Compensation, TANF or Veteran's Benefits.

\_\_\_\_\_  
Applicant's Signature or  
Adult Household Member Signature

\_\_\_\_\_  
Date

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