

COMANCHE NATION SOCIAL SERVICES
CNG Emergency Assistance

The following documents are needed to complete your application. Applicant must be an enrolled member of the Comanche Nation.

***Picture ID Required

***CDIB Required

***Proof of Residency Required (utility bill, mail addressed to you, etc.)

TYPE OF ASSISTANCE REQUESTED:

____ Utility/Shelter (Rent, Deposit, Mortgage)

____ Other (Describe) _____

BY SIGNING BELOW:

** I UNDERSTAND THAT ASSISTANCE RECEIVED IS ONCE PER ANNUM PER HOUSEHOLD

**I UNDERSTAND THAT I MUST HAVE ALL REQUIRED DOCUMENTS IN MY CASE FILE BEFORE MY APPLICATION WILL BEGIN THE REVIEW PROCESS.

**I FURTHER UNDERSTAND THAT I HAVE A PERIOD OF TWO WEEKS TO SUBMIT ALL NECESSARY DOCUMENTATION OR MY CASE WILL BE CLOSED.

Applicant Signature

Date

**COMANCHE NATION CNG EMERGENCY ASSISTANCE
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/Cellphone: _____ Work: _____

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HOUSEHOLD MEMBERS: (Include all living in the home)

<u>First & Last Name</u>	<u>DOB</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:



CLIENT(S) STATEMENT OF RIGHTS AND RESPONSIBILITIES:

*****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

Social Services Representative

Date