

COMANCHE NATION SOCIAL SERVICES/EMERGENCY ASSISTANCE

The following documents are needed to complete your application. Applicant must be enrolled member of the **COMANCHE TRIBE** and **HEAD OF HOUSEHOLD**

- 1. Applicant's certified 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:

If Paid Weekly-Need Last 4 Paystubs	Employment
If Paid Bi-Weekly Need Last 2 Paystubs	Social Security
If Paid Monthly-Need Last Paystubs	And all other income

- 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 18 yrs of age and older and not in school)
- 5. Any adult in the household with no income must submit the following:
 - 1. 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:(PROVIDE BILLS, LATE NOTICE ON RENTAL\MORTGAGE)

Utility Bill or Rental Notice Other (Describe)

BY SIGNING BELOW:

I UNDERSTAND I MUST HAVE ALL REQUIRED DOCUMENTS IN MY CASE FILE BEFORE MY APPLICATION WILL BEGIN THE REVIEW PROCESS. THERE WILL BE A SIX MONTH WAITING PERIOD, SO LONG AS YOUR ELIGIBLE.

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 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: _____

E-mail address _____

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. _____	_____	_____	_____

TYPE OF ASSISTANCE REQUESTING: Documents verifying the amount needed for assistance must be submitted with application.

Shelter/Rent _____ Utilities: Electric: _____ Water: _____ Gas: _____ Propane: _____
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.

Applicant Signature

Date

Social Service Representative

Date