Emergency Assistance Guidelines

- EA up to the amount of $250 is available to all Kiowa Tribal Members 18 & older
- Tribal Member must apply for EA and sign the application themselves
- Copy of Tribal ID is required or application is considered incomplete
- Copy of bill or invoice must be turned in or application is considered incomplete
- If applying for Rent/Mortgage Assistance, W-9 form from landlord is required
- ALL information on the application must be filled out or it is considered incomplete
- Applications will/cannot be processed until ALL required documents are received
- ONLY the applicant will receive notification on the status of their application
- Checks are sent directly to the vendor
- EA is granted ONCE per tribal fiscal year
Date:__________________

Name:___________________________________________________________________  DOB:________
First MI Last

Address___________________________________________________________________________________

City:_____________________________ State:_________________ Zip Code:_______________________

Phone:______________________________ Alternate number:___________________________________

Emergency Assistance Request (please circle)
Utility Bill  Rent/Mortgage  Medical Bill  Car Payment/Repair
Household Appliance  Emergency Hotel Stay

*Vendor Information*

Name:___________________________________________________ Phone:_________________________

Address:___________________________________________ City:____________ State:_____ Zip:_____

Name on Account:________________________________________ Account #:___________________

Explain need for Emergency Assistance:

______________________________________________________________________________________
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PLEASE LIST ALL HOUSEHOLD MEMBERS:

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<th>Birth Date</th>
<th>Tribal Enrollment</th>
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INCOME:

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<th>Source</th>
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1. I certify that all information on this application is true, complete, and correct.
2. I will submit all required documentation.
3. I understand that Kiowa Tribe Emergency Assistance is only granted ONCE per tribal fiscal year and is contingent upon funds being available.
4. I understand that interfering with the application process in any way will disqualify me from receiving Emergency Assistance.

Applicant’s Signature  Date

For Program Use Only

ELD________  SS Staff Intials________
MIN________  Date________