

COMANCHE NATION OF OKLAHOMA

SOCIAL SERVICES DEPARTMENT

Emergency Assistance Program Application

HOW TO SUBMIT APPLICATION

Mail: Social Services Po Box 908 Lawton Ok 73502

Phone Number: 580.492.3358 / Fax: 580.492.3742

Email: socialservices@comanchenation.com

Qualifications:

To be eligible for the Emergency Assistance Program, you must be **an enrolled member of the Comanche Nation Tribe, 18 years of age, and must be head of household.**

The following documents are needed to complete your application:

- + **Applicant's CDIB.** Comanche Enrollment Number: # _____
- + **Utility Assistance:** Electric, Water, Natural Gas or Propane: Needed documents are current utility bills (within the last 30 days) that provide the following information: Utility company name, Account number, Account holders name and service address. *(We do not need an invoice from the propane company as we do not pay outstanding balances. We will reach out to the propane company on your behalf.)* If bill is not in the applicant's name, we will require proof of residence (piece of mail, ID etc. must have the applicants name and the address requesting assistance for). *Social Security number of account holder may be needed.*
- + **For new Utility Service:** Documentation must be provided identifying the company's name and information, applicants name, new address, new account number, and balance due for each utility service.
- + **Rental Assistance (Shelter):** Must provide copy of the most current lease and W9 (if available to retrieve). Must provide proof of residence if applicants name is not on lease.
- + **Rental Deposit (Shelter):** Must provide copy of the lease or letterhead with the company's information, applicants name, new address and identifying deposit amount.
- + **Mortgage Assistance (Shelter):** Must provide copy of the current mortgage statement.
- + **Property Taxes (Shelter):** Must provide copy of the current property tax bill.

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 **30 days** to submit all the necessary documentation or my application will be closed.
- I understand that I **must choose either Shelter assistance or Utility assistance.** I will not be eligible for both.
- I understand that I can only receive assistance **once per Fiscal Year** Oct. 1st – Sept. 30th
- I understand that my utility accounts and applications are my responsibility I know to call and inquire.
- I give my permission for social services to release information to other agencies and/or tribal departments on my behalf for referral or for completion of application.
- Personal information will be confidential between applicant and Social Services employees.

Applicant Signature

Date

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: _____ 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: _____ Electric: _____ Water: _____ Gas: _____ Propane: _____ Medical: _____

Name of Propane Company: _____ Propane Company Phone #: _____

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