EMERGENCY ASSISTANCE APPLICATION

General Information

The Kiowa Tribe Emergency Assistance Program is available to all Kiowa Tribal Members 18 years and older. The program begins July 1st – June 30th every year. All applicants must complete their own application. The Emergency Assistance Program will only pay up to $250.

All payments will be made directly to the vendor. The Emergency Assistance Program WILL NOT reimburse any tribal member. It is the responsibility of the applicant to submit all supportive documentation listed below in order for this office to process the application.

ONLY the applicant will receive notification on the status of their application. We will not give out information to anyone except the applicant.

If you submit a utility bill with a cut-off notice, it will take 5-7 business days for a check to be issued. WE CANNOT SEND PROMISSORY LETTERS TO VENDORS.

Eligibility Requirements

The Emergency Assistance Program is on a first-come, first-serve basis. Your application WILL NOT be processed until the following documents are submitted.

______ Completed Emergency Assistance Application (signed and dated)
______ Copy of CDIB
______ Current utility bill (if bill is not in your name, provide proof of residence)
______ Proof of residence (a piece of mail with your name with the same address on the bill/lease.
______ Rent/Mortgage agreement (must provide a W-9 from landlord with your lease agreement)

Approved by: ________________________________ Date: ____________________
EMERGENCY ASSISTANCE APPLICATION

TRIBAL MEMBER INFORMATION

Full Name:__________________________________________

Address:__________________________________________

City:_________________ State:_______ Zip________________

Phone:_________________ Email:_______________________

Date of birth_________________ Kiowa ID________________

PLEASE CHECK ONE BOX BELOW

☐ UTILITY BILL     ☐ CAR PAYMENT/CAR REPAIR

☐ RENT/MORTGAGE   ☐ HOUSEHOLD APPLIANCE

☐ MEDICAL BILL

VENDOR INFORMATION

Name of Vendor____________________________________

Address___________________________________________

Acct #_________________ Phone_______________________

I certify that all information is true, complete and correct. I will submit all required documentation. I understand that the Emergency Assistance is on a first come first served basis depending on funding. I also understand that assistance is granted once per year (July 1st – June 30th). Any false information will disqualify me from the Emergency assistance program.

Applicant signature_________________ Date:______________