KIOWA TRIBE SOCIAL SERVICES PROGRAM

208 Hardees West, Anadarko, OK 73005
Office: (405) 648-4080 ~ Email: ss@kiowatribe.org

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 his 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 or lease)*

_____ **Rent/Mortgage agreement** *(must provide a W-9 from landlord with your lease agreement)*

Approved by:_____ **Date:**_____

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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:**_____