



**Wichita and Affiliated Tribes
Tribal Funded Social Service Program**

P.O. Box 729
Anadarko, OK. 73005
Office: (405)247-2425 Ext. 120 ♦ Fax: (405)247-3256

**Rent/Utilities/Emergency Hotel/Natural Disaster
FY – 2019**

Applicant checklist for program eligibility are as follows:

1. **One-Time Assistance per fiscal year for Utilities, Rent, Incarceration, and Elder Appliance Repair.** Emergency Hotel and Natural Disaster Relief will be considered on a case-by-case basis - No Exceptions! (Fiscal Year is Oct. 1, 2018 to September 30, 2019)
2. Must be a Wichita and Affiliated Tribes enrolled Tribal Member (applicant)
3. **Completed Application**
4. **CDIB copies** (for applicant and all other household members - Non-Native American household members must provide State I.D.)
5. **Social Security Card copies** (for applicant and all other household members)
6. **Income Verification** - Trust Property Income (ledger sheets), S.S. Statement (retirement or disability), Employment (check stubs), Unemployment Statement, any other income (received by everyone in household).
7. **Proof of Bill, Lease or Supporting Documents for Request.** *If requesting rental assistance please pick up Landlord/Management Information form. **If bill is not in applicant's name you must provide a notarized statement signed by account holder and applicant, also two (2) pieces of mail with applicant's name that are received at address on bill.***
8. **Explanation of need for assistance. This must be included on or with application** **(Reason Why You Are Requesting Assistance MUST BE FILLED OUT)**

Need must meet one of the following qualifications:

 - Low Income
 - Chronic Illness/Medical Emergency/Hospitalization
 - Unemployed
 - Temporary Reduction in household income (must be documented)
 - Elder – 55 years or over may apply for assistance twice a year if needed.
 - Disabled
 - Divorce
 - Natural Disaster (Tornado, Fire, Earthquake, etc.)
 - Eviction notice
 - Cut Off Notice
 - Death of Immediate Family Member**

**Immediate Family Member: Mother, Father, Grandparent, Child, brother and sister all must be an immediate family member to the first degree. Step Child and Foster Child also qualify with proper documentation.

****Please ask department if you need to see a copy of TFSS Program Guidelines****

Fy-19 TRIBAL FUNDED SOCIAL SERVICE APPLICATION

DATE: _____ APPLICANT'S NAME: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED OTHER

CURRENT AGE: _____ DATE OF BIRTH: _____ SOC. SECURITY #: _____

WICHITA TRIBAL ENROLLMENT #: _____

ADDRESS: _____
 House # & Street/R.R. #/CR #/CS# City State Zip Code

MAILING ADDRESS (IF DIFFERENT FROM ABOVE ADDRESS): _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

SPOUSE/COMPANION NAME (IF APPLICABLE): _____

SOC. SECURITY #: _____ DATE OF BIRTH: _____ TRIBE: _____

****COPY OF ENROLLMENT/CDIB & SOCIAL SECURITY CARD FOR EVERYONE MUST BE PROVIDED****

LIST ALL HOUSEHOLD MEMBERS (INCLUDE APPLICANT AND SPOUSE/COMPANION)

NAME	MALE/ FEMALE	RELATIONSHIP to applicant	AGE	DATE OF BIRTH	SOC. SECURITY #	SCHOOL	GRADE	TRIBE/ ENROLLMENT #
		SELF						

TYPE OF ASSISTANCE REQUESTING: RENT RENTAL DEPOSIT UTILITY BILL (incl. Propane) UTILITY DEPOSIT
 MORTGAGE PAYMENT EMERGENCY HOTEL NATURAL DISASTER RELIEF APPLIANCE REPAIR OTHER _____

****STATE REASON WHY YOU ARE REQUESTING ASSISTANCE: **** MUST BE FILLED OUT

I HAVE PROVIDED THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE AND/OR MISLEADING INFORMATION WILL RESULT IN DENIAL OF APPLICATION, TERMINATION OF SERVICES, AND/OR LEGAL ACTION.

 APPLICANT'S SIGNATURE

 DATE

By signing this application, I authorize **The Tribal Funded Social Service Program** to release and/or obtain any information necessary to establish eligibility for assistance.