



Motel Emergency Assistance available at the Tribal Assistance Program for Yavapai-Apache Nation adult Tribal Members

The Yavapai-Apache Nation Tribal Council has recognized the critical importance of establishing a Tribal Assistance Program to provide temporary financial relief for Tribal Members and their families. The Tribal Assistance Program was developed May 14, 1998.

What does Motel Emergency Assistance provide?

- Motel Emergency Assistance provides 2-nights of lodging costs per calendar year in the form of a grant for adult Tribal Members and household who are experiencing major emergencies such as natural disasters, health & safety issues or homelessness.

How do I apply?

- Adult Tribal Members and households who are experiencing major emergencies must complete the attached application forms and return it to the Tribal Assistance Program with copies of all the following documents:
 - ✓ Yavapai-Apache Nation Enrollment Card
 - ✓ Most two recent paycheck stubs from all employed residents of household.
 - ✓ Current verification of entire household's unearned income. (see #2 of application for listing of unearned income)
 - ✓ Two Employment Referral Forms (if unemployed)
 - ✓ Disability statement from physician (if temporary unemployed)
 - ✓ Name of motel, telephone number, fax number and manager's name (information only required from Tribal Member's who do not reside in the Verde Valley area)

How do I become eligible for Motel Emergency Assistance?

- Adult Tribal Members and household become eligible for Motel Emergency Assistance when they are experiencing any of the major emergencies listed above.
- The Tribal Assistance Coordinator will consider the following factors when determining the situation an emergency:
 - How unanticipated or unexpected is the potential for dislocation from shelter?
 - How many children are involved in the potential dislocation?
 - How financially pressed is the family involved?
- If approved, either 50% to 100% of lodging costs for 2-nights will be provided at the Cliff Castle Lodge for Tribal Members and households who reside in the Verde Valley area.
- For Tribal Members and households who do not reside within the Verde Valley area, either 50% to 100% of lodging costs for 2-nights will be provided at a reasonable priced motel via Yavapai-Apache Nation credit card.

How long can the Tribal Assistance Program take to determine my eligibility?

- When entire application forms are complete and returned with all required documents, the Tribal Assistance Program must make a decision within 1-3 operating business days from the date and order application is received.

How often can I receive Motel Emergency Assistance?

- Motel Emergency Assistance is only available 2-nights per calendar, per household.
- Motel Emergency Assistance is to provide short-term relief and is not available beyond 2-nights per calendar year.

IMPORTANT INFORMATION

During any month the Yavapai-Apache Nation issues Per-Capita, Christmas Advance, Christmas Bonus or any distribution, no Motel Assistance is offered for that entire month.

All adults of the residence are required to complete the Authorization for Release of Information Form.

Motel Assistance will not be provided if Tribal Member neglects to pay their monthly utility expenses. (i.e. disconnections/ shut-off of utilities or depletion of propane)

Motel Assistance will not be provided if Tribal Member presents to be intoxicated. (i.e. impaired speech, blood shot eyes, reeks of alcohol)

Motel Assistance is not provided to attend funerals or any travel costs.

When inquiring the status of your application, information will only be disclosed to the adult Tribal Member who has applied for services.



YAVAPAI-APACHE NATION
Tribal Assistance Program
2400 W. Datsi Street
Camp Verde AZ 86322

MOTEL ASSISTANCE APPLICATION
YAVAPAI-APACHE NATION
Tribal Assistance Program
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LEGAL NAME (Last, First, Middle)				MAIDEN NAME		
MAILING ADDRESS		P.O. BOX/Street	CITY		STATE	ZIP CODE
PHYSICAL ADDRESS		Street	CITY		STATE	ZIP CODE
HOME TELEPHONE		WORK TELEPHONE	CELLULAR OR MESSAGE NUMBER		EMAIL ADDRESS	
LIST EVERYONE THAT LIVES WITH YOU. START WITH YOURSELF.		RELATION TO APPLICANT	ENROLLMENT NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
1.		SELF				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

1. Check here if you are currently without shelter and list date you became displaced. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨

1a. What is the reason why you are displaced? _____

EARNED INCOME:						
2. <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you or anyone in your household working and/or self-employed? This includes all income, wages, salaries, tips or commissions from any type of work, whether full or part-time, temporary, seasonal, monthly, self-employed or training. If, Yes, please complete the below information. If self-employed, a monthly record of all earnings must be submitted for the past 30-days. If you or anyone in your household just started working and have not received first paycheck or have only received one paycheck, please attach a statement from employer verifying full or part-time employment. Statement must include date of hire, hours worked per pay period and weekly or bi-weekly net pay. Statement must be issued on employer's business letter head.				
NAME OF EMPLOYED PERSON (S)	NAME OF EMPLOYER	EMPLOYER'S TELEPHONE	HOURS PER PAY PERIOD	HOURLY WAGE	HOW OFTEN PAID (weekly, Bi-weekly)	MONTHLY NET INCOME
						\$
						\$
						\$

UNEARNED INCOME:				
3. Do you or anyone in your household receive or expect to receive money from any of the following sources this month? If Yes, attach copies of updated monthly Award Statement(s) or check stubs and complete the following information below.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/SSI	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Assistance/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension	
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance BIA/State	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Comp/Industrial	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships, grants/loans	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Money/Per-capita	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Any government check	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Gifts/Personal loans/Other	
NAME OF PERSON (S) RECEIVING MONEY	SOURCE		HOW OFTEN RECEIVED (Weekly, Bi-Weekly, or Monthly)	AMOUNT RECEIVED
				\$
				\$
				\$

4. Provide subtotal of all household's earned and unearned income received during the qualifying month. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨

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CURRENT PRIMARY EXPENSES:	
5. What is the current TOTAL monthly housing cost (rent, mortgage) that your household pays?	\$
6. What is the current TOTAL monthly utility cost (gas/propane, electric, water/sewer, trash) that your household pays?	\$
7. What is the current TOTAL monthly vehicle loan payment(s) that your household pays?	\$
8. What is the current TOTAL monthly vehicle insurance cost that your household pays?	\$
9. What is the current TOTAL monthly child care cost that your household pays?	\$
10. What is the current TOTAL monthly court order child support cost that your household pays? (Attach copy of court order)	\$
11. What is the current TOTAL monthly medical cost that your household pays? (Attach copies of medical cost receipt/invoice)	\$

ADDITIONAL EXPENSES:	
12. List any additional monthly expenses you currently pay that are not listed above.	
1) _____	\$
2) _____	\$
3) _____	\$
13. Provide subtotal of household's monthly expenses. (Do not include #7 amount) ⇨	\$

UNEMPLOYMENT QUESTIONNAIRE		
14. If you or any adult in your household are unemployed, complete the following information below. You and/or adult household resident must actively seek employment and provide evidence of efforts to obtain employment by completing two Employment Referral Forms each. If you and/or adult household resident refuses to seek employment no assistance will be granted. Employment Referral Forms are available per request by the Tribal Assistance Program.		
NAME OF UNEMPLOYED PERSON(S)	LENGTH OF TIME UNEMPLOYED (Days, Weeks, Months, Years)	WHAT IS THE REASON FOR UNEMPLOYMENT

15. PLEASE EXPLAIN THE REASON WHY YOU ARE APPLYING FOR MOTEL EMERGENCY ASSISTANCE?

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16. WHAT ARE YOUR PLANS AFTER THE 2-NIGHTS OF MOTEL ASSISTANCE IS PROVIDED?

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STATEMENT OF COOPERATION	
1. I have supplied a copy of my Yavapai-Apache Nation Enrollment Card to verify enrollment membership. 2. I have supplied information regarding my entire household's resources and income. 3. I have read or had explained to me the application process to receive Motel Assistance Benefits. 4. I give my permission for the Yavapai-Apache Nation Tribal Assistance Program to obtain any information needed to determine potential eligibility for Motel Assistance Benefits. 5. By signing below I am stating that the information provided to the Tribal Assistance Program is true to the best of my knowledge.	
APPLICANT'S SIGNATURE	DATE

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AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of information requested by the Department of Social Services Tribal Assistance Program or its representatives to verify my financial information, where I live, and residents of my household. The Department of Social Services Tribal Assistance Program will only use the information for the assistance of which I have applied. The Department of Social Services Tribal Assistance Program will not release this information to any other person or agency outside the Tribal Assistance Program or its representatives. This release of information remains in effect while I am a recipient of the Tribal Assistance Program, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: local governments, public assistance programs, health care providers, landlords, employers, private individuals and other departments within the Yavapai-Apache Nation.

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

APPLICANT'S SIGNATURE	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE