

YAVAPAI-APACHE NATION
Tribal Assistance Program
Elder/Disabled Utility Assistance Application



Elder/Disabled Utility Assistance Program

Effective February 24, 2005, Tribal Council passed a new resolution defining the qualifications for the Elder/Disabled Utility Assistance Program. A household of a Tribal Member who is sixty (60) years of age or who is permanently disabled and unable to work full-time or part-time, the Tribal Assistance Program will pay these Tribal Member's utility and telephone bills annually, which consist of electric, gas/propane, water/sewer, trash, and only local basic telephone services. To be eligible, all statements must be in the name of the Tribal Member applying for benefits and must be listed as head of household of his/her residence.

For all **Elders** who are sixty (60) years of age please submit copies of the following documents:



Yavapai-Apache Nation Enrollment Card. This confirms membership status and age verification.



Copies of all earned and unearned income received from entire household. (Last two paycheck stubs, Retirement/Pension, Social Security Disability or SSI Award Letter, Veteran's Benefits, Survivor's Benefits, TANF, and Child Support)



Copy of either lease agreement or deed/title supporting ownership of home. If you are not listed as primary tenant of rental unit/home you have not met the requirement of head-of-household status and therefore not eligible for the Elder/Disabled Utility Assistance Program.

As for all **Disabled** members please submit copies of the following documents:



Yavapai-Apache Nation Enrollment Card. This confirms membership status.



Copy of statement from physician indicating "permanent disability" or Social Security Disability/SSI Award Letter.



Copies of all earned and unearned income received from entire household. (Last two paycheck stubs, Retirement/Pension, Social Security Disability or SSI Award Letter, Veteran's Benefits, survivor's Benefits, TANF, and Child Support).



Copy of either lease agreement or deed/title supporting ownership of home. If you are not listed as primary tenant of rental unit/home you have not met the requirement of head-of-household status and therefore not eligible for the Elder/Disabled Utility Assistance Program.

If you have any questions regarding the assistance available or require assistance in completing the attached application, please feel free to contact the Tribal Assistance Program Office.

YAVAPAI-APACHE NATION
Tribal Assistance Program
Elder/Disabled Utility Assistance Application

APPLICANT INFORMATION:				
LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME	
MAILING ADDRESS		CITY	STATE	ZIP CODE
PHYSICAL ADDRESS		CITY	STATE	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE	CELLULAR TELEPHONE	EMAIL ADDRESS	

FAMILY PROFILE:					
RESIDENTS OF HOUSEHOLD START WITH YOURSELF	RELATION TO APPLICANT	ENROLLMENT#	SOCIAL SECURITY#	DATE OF BIRTH	SEX M or F
1.	SELF				
2.					
3.					
4.					
5.					
6.					
7.					

INCOME QUESTIONAIRE:

1. YES NO Do you, or anyone in your household, expect to receive money from work? This includes all income, wages, salaries, tips or commissions from any type of work, whether full-time or part-time, temporary, seasonal, or self-employment.

NAME OF EMPLOYED PERSON(S)	NAME OF EMPLOYER	EMPLOYER'S TELEPHONE	HOURS PER PAY PERIOD	HOURLY WAGE	MONTHLY GROSS INCOME	MONTHLY NET INCOME
					\$	\$
					\$	\$
					\$	\$

2. YES NO Do you or anyone in your household receive or expect to receive money from any of the following sources?

- | | | |
|------------------------------|----------------------------------|----------------------------|
| Child Support | Social Security/SSI | Scholarships, Grants/loans |
| Cash Assistance/TANF | Retirement/Pension | Tribal Money/Per-Capita |
| General Assistance BIA/State | Unemployment | Any Government Check |
| Food Stamps | Worker's Compensation/Industrial | Personal Gifts/loans |

NAME OF PERSON RECEIVING MONEY	SOURCE	HOW OFTEN RECEIVED (Weekly, Bi-Weekly, Monthly)	AMOUNT RECEIVED
			\$
			\$
			\$

3. YES NO Do you or anyone in your household expect to receive money from any other source, which was not listed above?

NAME OF PERSON RECEIVING MONEY	SOURCE	HOW OFTEN RECEIVED (Weekly, Bi-Weekly, Monthly)	AMOUNT RECEIVED
			\$
			\$

4. Enter household's total gross and net monthly income:

MONTHLY GROSS INCOME	MONTHLY NET INCOME
\$	\$

YAVAPAI-APACHE NATION
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DISABILITY QUESTIONNAIRE: (Disabled Members Only)

5. YES NO Do you have a disability that prevents you from working? If you marked YES, **please provide "permanent disability" statement from physician or Social Security Disability/SSI Award Letter.**
6. YES NO Have you applied for Social Security Disability Benefits? If you marked YES, what is the status of your application?
 Approved Denied Pending Unknown

APPLICATION SUMMARY PROCESS:

Once the Tribal Assistance Program receives your completed application with all required documentation, the Tribal Assistance Coordinator will review application and will provide a decision in writing within seven (7) operating business days whether you are approved or denied for Elder/Disabled Utility Assistance Benefits.

If you are approved and once you receive an approval notice via mail, you have the option of hand-delivering, faxing, or mailing in your entire utility and telephone statements. If you choose, you may contact each vendor and request all future invoices to be mailed to: Tribal Assistance Program 2400 W. Datsi Street Camp Verde AZ 86322. The Tribal Assistance Program will provide monthly payments for electric, natural gas/propane, water/sewer, trash and telephone services. Telephone payments are limited to basic-local services only. All long distance and optional charges are you and your household's responsibility. Please ensure all utility and telephone bills are in your name and in current status. If any utility or telephone bill includes a previous balance, you and will be responsible for those charges and the Tribal Assistance Program will provide payment for current charges. If any utility or telephone bill is submitted and you are not listed as an account holder, that bill will not be paid until the account is transferred into your name and a monthly statement is issued in your name.

In the case you are denied for Elder/Disabled Utility Assistance Benefits, you have a right to request a review of application/case file if a decision is determined that you do not agree with.

STATEMENT OF COOPERATION

1. I have agreed to supply a copy of my Yavapai-Apache Nation Enrollment Card.
2. I agree to supply information regarding my entire household's resources and income.
3. I agree to supply a copy of entire lease agreement or deed/title of my home/rental unit.
4. I have read or had explained to me the application process to receive Elder/Disabled Utility Assistance Benefits.
5. By signing below I give my permission for the Yavapai-Apache Nation Tribal Assistance Program to obtain any information needed to determine potential eligibility for Elder/Disabled Utility Assistance Benefits.

APPLICANT SIGNATURE

DATE

TRIBAL ASSISTANCE PROGRAM OFFICE ONLY

- APPROVED**
 DENIED

TRIBAL ASSISTANCE COORDINATOR SIGNATURE

DATE

Move-in Assistance Benefits 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 Move-in Assistance Provide?

- In an emergency situation, Move-in Assistance is offered to eligible adult Tribal Members by assisting with the first month rent only towards the move-in cost. This assistance is a service to adult Tribal Members who need assistance to move to a better or safer living condition.
- In order to receive this assistance, **lease agreement must list** adult Tribal Member as "primary tenant" (head-of-household).

How do I become eligible for Move-in Assistance?

- Adult Tribal Members become eligible for Move-in Assistance when they meet all the following requirements:
 - ❖ Meet or fall below Federal Poverty Guidelines.
 - ❖ Monthly household rent cannot exceed $\frac{3}{5}$ of current monthly household net income.
 - ❖ **Lease Agreement** lists adult Tribal Member as "primary tenant" (head-of-household).
 - ❖ A period of five years has expired since the date adult Tribal Member previously received Move-in assistance.

How do I apply?

- If you are an adult Tribal Member in the process of relocating into rental housing, simply 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 the household.
 - ✓ Current verification of entire household's unearned income. (see #2 of application for listing of unearned income)
 - ✓ **Entire Lease Agreement.**
 - ✓ Two Employment Referral Forms (if unemployed)
 - ✓ Disability statement from physician (if temporary disabled)
 - ✓ W-9 Tax Form must be completed by landlord in order for payment to be processed
- If you are determined eligible for Move-in Assistance, payment will be issued directly to the landlord at the time of move-in. Funds are not subject for reimbursement purposes after Tribal Member moves in.
- **Payments include first & last month's rent only not to exceed \$1,500. The remaining cost for move-in will be the responsibility of the adult tribal member.**

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

- When entire application form is complete and returned with all required documents, the Tribal Assistance Program must make a decision within 3-7 operating business days from the date and order application is received.

How often can I receive Move-in Assistance?

- Move-in Assistance is available as a grant once every five years to secure long-term housing.

What if landlord will not furnish lease agreement prior to scheduled move-in date?

- A statement from landlord is **required** confirming approval of rental, listing scheduled move-in date, physical address of new residence, amount of total move-in costs, with landlord's name, telephone number and mailing address.

What if I and or adult resident of my household are unemployed?

- If you or adult resident of your household is unemployed you/adult resident must actively seek employment and provide evidence of efforts to obtain employment by completing two Employment Referral Forms each.
- Employment Referral Forms are available per request and must be completed and returned with application form before eligibility will be determined.

What if I and or adult resident is a college student and do not work?

- If you or adult resident of your household is a full or part-time college student, you/adult resident must submit Higher Education Award Statement or check stubs from scholarships, grants or loans. Monthly household rent cannot exceed $\frac{3}{5}$ of current monthly household net income.

What if I am unable to work due to a disability?

- If you or any other adult resident of your household is temporary or permanently unemployed due to an injury or illness, **a current written statement from a physician is required verifying disability, inability to work and clarifying whether your disability is temporary or permanent.**

What if I receive Social Security or SSI Benefits?

- If or adult resident are permanently disabled and receive Social Security Disability or SSI Benefits, please submit copy of Award Statement. Monthly household rent cannot exceed $\frac{3}{5}$ of current monthly household income.

IMPORTANT INFORMATION:

- * Move-in Assistance is not offered for down payments to purchase any type of home.
- * All adult residents of household must sign Authorization for Release of Information Form.
- * When inquiring the status of your application, information will only be disclosed to the adult Tribal Member who has applied for assistance.
- * If you require assistance in completing the application or have any questions regarding the assistance available, please contact the Tribal Assistance Program.



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

MOVE-IN ASSISTANCE APPLICATION
YAVAPAI-APACHE NATION
Tribal Assistance Program

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 WILL LIVE WITH YOU AT YOUR NEW PLACE OF RESIDENCE. 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 have ever received Move-in or Rental Assistance and provide date. ⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄
2. Check here if you are currently without housing and provide date you became displaced. ⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄
- 2a. What is the reason why you are displaced? _____
3. Check here if you were or are scheduled to be evicted from current rental housing and provided eviction date. ⇄⇄⇄⇄

EARNED INCOME:						
4. <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 correspondence from employer verifying full or part-time employment. Correspondence must include date of hire, hours worked per pay period and weekly or bi-weekly net pay. Correspondence 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:						
5. 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	Scholarships, grants/loans	
<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	Tribal Money/Per-capita	
<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	Any government check	
<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	Gifts/Personal loans/Other	
NAME OF PERSON (S) RECEIVING MONEY	SOURCE			HOW OFTEN RECEIVED (Weekly, Bi-Weekly, or Monthly)	AMOUNT RECEIVED	
					\$	
					\$	
					\$	

6. Provide subtotal of all household's earned and unearned income received during the qualifying month. ⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄ \$

MOVE-IN ASSISTANCE APPLICATION
YAVAPAI-APACHE NATION
Tribal Assistance Program

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

Rental Assistance Benefits 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 Rental Assistance Provide?

- In an **emergency situation**, Rental Assistance is offered to eligible adult Tribal Members by assisting with one month of delinquent rent payment. In order to receive this assistance, **rental delinquency notice** must list adult Tribal Member as "primary tenant" (head-of-household).

How do I become eligible for Rental Assistance?

- Adult Tribal Members become eligible for Rental Assistance when they meet all the following requirements:
 - ❖ Meet or fall below **Federal Poverty Guidelines**.
 - ❖ **Rental Delinquency Notice lists adult Tribal Member as "primary tenant" (head-of-household)**.
 - ❖ **A period of five years has expired since the date adult Tribal Member previously received Rental Assistance or 12 months since receiving Move-in Assistance Benefits.**

How do I apply?

- If you are an adult Tribal Member who has been served with a delinquency notice, simply 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 the household.**
 - ✓ **Current verification of entire household's unearned income. (see #2 of application for listing of unearned income)**
 - ✓ **Rental Delinquency Notice**
 - ✓ **Two Employment Referral Forms (if unemployed)**
 - ✓ **Disability statement from physician (if temporary disabled)**
 - ✓ **W-9 Tax Form- Must be completed by landlord in order for payment to be processed**
- If you are determined eligible for Rental Assistance, payment will be issued directly to the landlord for one month's delinquent rent payment to prevent pending eviction.
- All late fees accrued due to delinquent status are your responsibility.

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

- When entire application form is complete and returned with all required documents, the Tribal Assistance Program must make a decision within 3-7 operating business days from the date and order application is received.

What if I have not been served an eviction notice?

- A copy of entire lease agreement must be submitted. Lease Agreement must list adult Tribal Member as "primary tenant" (head-of-household).
- You must demonstrate to the satisfaction of the Tribal Assistance Coordinator that the reason you are unable to pay the rent was beyond your ability to control, such as an emergency.

What if I and or adult resident of my household are unemployed?

- If you or adult resident of your household is unemployed you/adult resident must actively seek employment and provide evidence of efforts to obtain employment by completing two Employment Referral Forms each.
- Employment Referral Forms are available per request and must be completed and returned with application form before eligibility will be determined.

What if I and or adult resident of my household is a college student and do not work?

- If you or adult resident of your household is a full-time college student, you/adult resident are exempt from seeking employment. Higher Education Award Statement or check stubs from scholarships, grants or loans must be submitted.
- **Part-time Students:**
If you or adult resident of your household is a part-time college student, you/adult resident are not exempt from seeking employment and therefore required to complete two Employment Referral Forms. Higher Education Award Statement of check stubs from scholarships, grants or loans must be submitted.

What if I am unable to work due to a disability?

- If you or any other adult resident of your household is temporary or permanently unemployed due to an injury or illness, a current written statement from a physician is required verifying disability, inability to work and clarifying whether your disability is temporary or permanent.

IMPORTANT INFORMATION:

- * **All adults of residents of household must sign Authorization for Release of Information Form.**
- * When inquiring the status of your application, information will only be disclosed to the adult Tribal Member who has applied for assistance.
- * If you require assistance in completing the application or have any questions regarding the assistance available, please contact the Tribal Assistance Program.



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

RENTAL ASSISTANCE APPLICATION YAVAPAI-APACHE NATION

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 have ever received Rental or Move-in Assistance and provide date. ⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄
2. Check here if you were served with an eviction notice and provide scheduled eviction date. ⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄
3. Check here if you are two months or more behind on your rent and provide the number of month's delinquent. ⇄⇄⇄⇄

EARNED INCOME:						
4. <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:			
5. 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
			\$
			\$
			\$

6. Provide subtotal of all household's earned and unearned income received during the qualifying month. ⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄⇄ \$

CURRENT EXPENSES:

RENTAL ASSISTANCE APPLICATION
YAVAPAI-APACHE NATION

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



SENIOR FURNITURE REQUEST FORM

YAVAPAI-APACHE NATION
 TRIBAL ASSISTANCE PROGRAM
 2400 W. DATSI STREET CAMP VERDE AZ 86322

<p>What is Senior Furniture Benefits?</p> <ul style="list-style-type: none"> Senior Furniture Benefits is a one-time grant of \$2,500 provided to purchase furniture for enrolled Tribal Members who have reached the age of 55. <p>Who is eligible for Senior Furniture Benefits?</p> <ul style="list-style-type: none"> Enrolled Yavapai-Apache Nation Tribal Members who are 55-years of age or older. <p>How do I become eligible for Senior Furniture Benefits?</p> <ul style="list-style-type: none"> Tribal Members become eligible for Senior Furniture Benefits when they have reached the age of 55. <p>How do I apply?</p> <ul style="list-style-type: none"> Tribal Members who have reached the age of 55 simply complete the bottom portion of this form and return it with all the following documents: <ul style="list-style-type: none"> ✓ Copy of Yavapai-Apache Nation Enrollment Card. ✓ Either purchase order or quote/estimate from furniture retailer indicating the amount of purchased furniture. Mailing address of furniture retailer must be listed on purchase order or quote/estimate. ✓ W-9 Tax Form must be completed by Furniture Company in order for payment to be processed. 	<p>The Tribal Assistance Program will only provide payment for the selected items of the following list of furnishings:</p> <ul style="list-style-type: none"> ✚ Bedding (beds, frames, headboards, footboards, blankets, linens and pillows). ✚ Stoves ✚ Refrigerators ✚ Couches, sofas, recliners and end tables ✚ Kitchen/dining tables and chairs ✚ Dresser drawers, lamps and bookshelves ✚ Washing machines and dryers ✚ Televisions ✚ Furnaces (in cases of emergencies only) <p>What if my cost of furniture exceeds \$2,500?</p> <ul style="list-style-type: none"> Any cost or amount exceeding the \$2,500 limit will be the responsibility of the Tribal Member purchasing furniture. <p>How long can the Tribal Assistance Program take to determine my eligibility?</p> <ul style="list-style-type: none"> When entire form is complete and returned with all required documents the Tribal Assistance Coordinator must determine eligibility and process payment within 1-3 operating business days from the date and order your form is received.
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APPLICATION PROCESS:			
<p>Once the Tribal Assistance Coordinator receives your completed form with required documentation, a thorough review of all forms will be conducted to ensure you are age 55 and that you have only purchased items from the list of furnishings. When all requirements are met, the Tribal Assistance Program will issue payment for the proper amount payable to the furniture retailer. Payment will be available to pick-up from the Tribal Assistance Program or mailed directly to your mailing address of which you will personally hand deliver to the furniture retailer. Along with payment you will receive a statement verifying amount of purchased furniture and remaining balance of Senior Furniture Benefits. Senior Furniture Benefits must be exhausted during the year you turn 55.</p>			
LEGAL NAME: (Last, First, Middle)		MAIDEN NAME:	
ENROLLMENT NUMBER	DATE OF BIRTH		AGE
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE	CELLULAR OR MESSAGE NUMBER	EMAIL ADDRESS
STATEMENT OF COOPERATION			
<ol style="list-style-type: none"> I have supplied a copy of my Yavapai-Apache Nation Enrollment Card to verify enrollment membership and date of birth. I have supplied original or copies of purchase order or quote/estimate from furniture retailer. I have read or had explained to me the application process to receive Senior Furniture Benefits. I give my permission for the Yavapai-Apache Nation Tribal Assistance Program to obtain any information needed to determine my potential eligibility for Senior Furniture Benefits I am stating that the information provided to the Tribal Assistance Program is true to the best of my knowledge. 			
APPLICANT SIGNATURE		DATE	

Utility Assistance Benefits 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 Utility Assistance Provide?

- Utility Assistance is offered to eligible adult Tribal Members by assisting with temporary payments for natural gas, propane, electricity, trash, water and sewer. In order to receive this assistance, all utility statements must be in the name of the adult Tribal Member who is head-of-household.

How do I become eligible for Utility Assistance?

- Adult Tribal Members become eligible for Utility Assistance when they meet all the following requirements:
 - ❖ Meet or fall below Federal Poverty Guidelines. (See Attached).
 - ❖ Proof of head-of-household status of physical residence has been verified.

How do I apply?

- If you are the adult Tribal Member of your residence, simply 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 adults of the household.
 - ✓ Current verification of entire household's unearned income. (see #2 of application for listing of unearned income)
 - ✓ Current & complete utility bill(s)
 - ✓ Entire lease agreement, deed/title or current YANTH Rent & Household Composition Form.
 - ✓ Two Employment Referral Forms (if unemployed)
 - ✓ Disability statement from physician (if temporarily disabled)
- If you are determined eligible for Utility Assistance, payment will be issued directly to the utility company for one monthly billing cycle for entire amount but **no greater than \$250** per qualifying month. **This assistance is 1 time per calendar year.**

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

- When entire application form is 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 your application is received.

What if I am unemployed?

- If you or any other adult resident of your household are unemployed you/adult resident must actively seek employment and provide evidence of efforts to obtain employment by completing one Employment Referral Form each.
- Employment Referral Forms are available per request and must be completed and returned with application before eligibility will be determined.

What if I am a college student?

- If you or any other adult resident of your household is a full time college student, you/adult resident are exempt from seeking employment. However, Higher Education Award Statement of check stubs from scholarships, grants or loans must be submitted.
- **Part-time Students:**
If you or any other adult resident of your household is a part-time college student, you/adult resident are not exempt from seeking employment and therefore required to complete two Employment Referral Forms. Higher Education Award Statement of check stubs from scholarships, grants or loans must be submitted.

What if I am unable to work due to a disability?

- If you or any other adult resident of your household is temporarily unemployed due to an injury or illness, a current written statement from a physician is **required** verifying disability, inability to work and clarifying whether disability is temporary or permanent.

How many months per year can I receive Utility Assistance?

- Adult Tribal Members that are head-of-household can apply and receive Utility Assistance Benefits one month per calendar year.

IMPORTANT INFORMATION:

- * Utility Assistance is not provided for security deposits or re-connection fees for any utility expense.
- * **All adult residents** of household must sign & date Authorization for Release of Information Form.
- * When inquiring the status of your application, information will only be disclosed to the adult Tribal Member who has applied for assistance.
- * If you require assistance in completing the application or have any questions regarding the assistance available, please contact the Tribal Assistance Program.



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

UTILITY ASSISTANCE APPLICATION
YAVAPAI-APACHE NATION
Tribal Assistance Program

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