

(Check one)

Do you receive assistance from The Department of Human Services? Yes _____ No _____
If you checked yes please explain what type of assistance is received. _____

Any payments made to landlords must guarantee an additional 30 days of residence.

If you are eligible, you will be notified and a check will be mailed to your vendor within five business days.

1. I hereby certify that all information in this application is true, correct, and complete to the best of my knowledge.
 2. I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud and/or recovery of funds paid on my behalf.
 3. I understand that failure to provide all necessary information and documentation can result in denial of my application.
 4. I hereby authorize the release of information by the appropriate agencies of the Pokagon Band of Potawatomi Indians, for the purposes of verifying information needed to establish eligibility for the program.
 5. I understand that a decision will be made concerning my application within 5 working days of the date of application.
 6. I understand this is a one time assistance program within same/current fiscal year.
- Signature: _____ Date: _____

Please remember to attach income documentation for all applicable household members, rent/mortgage obligation, other shelter assistance, and provide your Tribal ID card.

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

<u>Name</u>	<u>Monthly Income</u>
_____	_____
_____	_____

Total Income: _____

Service Authorized & Notes:

Outreach Social Services Worker Signature Date