

If you are eligible, checks 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 to 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 10 working days of the date of application.

Applicant's Signature

Date

Please remember to attach income documentation (most recent income tax return) for all applicable household members, proof of child support, check stubs, heat provider's bill(s), copy of Tribal ID card, along with this completed application. The application process will not begin without all verifications.

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Name	SSI-RSDI Income Child Support, UCB Wages, etc...	DHS Assistance?

Total Income: _____

Income Limit: _____

% Availability: _____

Approved: ___ **Denied:** ___

General

Vendor 1: _____

Vendor 2: _____

Amount Approved _____

Amount Approved _____

Shut-Off

Vendor _____

Amount Approved _____

Outreach Worker: _____

Director Initials: _____

General

Shut-Off

Notes: _____

Pokagon Band of Potawatomi Indians



SOCIAL SERVICES DEPARTMENT
P.O. Box 180, Dowagiac, MI 49047

Telephone 269-782-8998 or 1-800-517-0777
FAX 269-782-4295

Zero Income Form

To determine your eligibility for any Programs at the Pokagon Social Services Department or Commodities, you must furnish proof of all household income for the past 30 days prior to the date of your application.

If you had "0" income for the past 30 days, you must answer the following:

- 1) What was your income for the past three months? (Amount and source of income for all household members.)

<u>(Name)</u>	<u>(Source of Income)</u>	<u>(Amount)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

2) If you have utility bills, how do you pay them? _____

3) How do you pay your rent? _____

4) How do you supply food for your household? _____

I hereby certify that the information I have provided accurately represents the total income for each member of my household.

Signature

Date