



TONKAWA TRIBE OF OKLAHOMA

• SHORT TERM EMERGENCY ASSISTANCE APPLICATION •

Date: _____

1. Name of Tribal Member: _____
Address: _____
City/State/Zip: _____
Phone: _____

2. Nature of Request: _____ Amount Requested: _____

3. Vendor to whom payment or check is submitted: _____

4. Proof of Assets & Income and Expenses: **MUST VERIFY WITH CHECK STUB OR COPY OF CHECK.**
Social Security: _____ Employed? Yes _____ NO _____
SSI: _____ If yes, please list employment information: _____
Disability: _____
Other: _____

5. Family Income: List the income of all immediate family members with whom you lived with for the past six (6) months:

Name	Age	Relationship	Source of Income	Total Income Past Six Months
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Family Income for past six (6) months:				_____
				Annualized: _____

Signature of Tribal Member: _____ Date: _____

INTERNAL USE ONLY

Eligibility Determined	TTBC Decision
(Date): _____	(Date): _____
ELIGIBLE: _____	APPROVED: _____
NOT ELIGIBLE: _____	DENIED: _____
Determining Official: _____	TTBC Signature: _____