

# DISABLED ELDERS EMERGENCY SITUATION PROGRAM APPLICATION

## Program Guidelines:

- **EMERGENCY** situations only. Non-emergency situations will not be approved.
- Funds **CANNOT** be used to purchase appliances, including refrigerators, ovens, washers, and dryers.
- \$3,000.00 limit on emergency funds. If repairs exceed the \$3,000.00 limit, you may need to inquire about additional funding programs.
- Applicant must live within a 50-mile radius of the Nisqually Indian Reservation
- Applicants will not contact any contractor nor go under contract with any contractor prior to Building Department approval.
- Once application has been submitted, a project manager will contact you. You have 10 days to respond back to the project manager's initial query, otherwise you may need to re-apply for funds.

## **PLEASE PRINT LEGIBLY**

Application Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Nisqually Enrollment Number: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### **PROPERTY INFORMATION**

Homeowner: \_\_\_\_\_

Address \_\_\_\_\_

Number Residing in Household \_\_\_\_\_

The emergency item(s) that need to be addressed in my home are: (detailed explanation)

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### **HOUSEHOLD COMPOSITION**

(List the head of your household and all persons who live in your home.)

FULL NAME	RELATIONSHIP	AGE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The information provided above is true and complete to the best of my knowledge. I consent to the disclosure of such information for purposes of verification related to my application for assistance. I understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Office Use:

Management Approval (Director/Assist. Director) Date \_\_\_\_\_  Approved  Denied