



# SNOQUALMIE INDIAN TRIBE

## GENERAL WELFARE ASSISTANCE- HOUSING BENEFIT FOR FAMILIES OF INCARCERATED TRIBAL MEMBERS APPLICATION

### APPLICATION-----

#### CRITERIA FOR GENERAL WELFARE ASSISTANCE:

To be eligible for this assistance you must be:

1. An enrolled Snoqualmie Tribal Member; and
2. Currently incarcerated: means any person who is an enrolled member of the Snoqualmie Indian Tribe and who is confined in jail or prison.

For housing assistance benefits, the Incarcerated Tribal Member or an authorized representative designated in writing by the Incarcerated Tribal Member may designate a spouse, dependent, or qualified non-member to receive the Incarcerated Tribal Member's benefits during the period of incarceration.

1. "Spouse" means a person who is married to an Incarcerated Tribal Member under the law or customs recognized by the Snoqualmie Indian Tribe.
2. "Dependent" means any person under the age of 18 who is a direct descendant, by way of blood, of an Incarcerated Tribal Member.
3. "Qualified Non-Member" means a spouse, legally recognized domestic partner, ancestor, descendant, or dependent of an Incarcerated Tribal Member, who is not an enrolled member of the Snoqualmie Indian Tribe.

To apply for the General Welfare Assistance program:

1. The Incarcerated Tribal Member or an authorized representative designated in writing by the Incarcerated Tribal Member shall complete the application for general welfare assistance; and
2. Provide the following to be eligible for the benefit:
  - a. Proof of residency;
  - b. Proof of incarceration;
  - c. Proof of relationship to the designee living in the Incarcerated Members' primary residence: marriage certificate, birth certificate, or other similar document; and
  - d. Proof that the designated spouse, dependent, or qualified non-member is not already receiving a Housing Assistance Benefit in his or her own name for the Tribe.

Program benefits are subject to change and may increase/decrease based on available funding.

### PROGRAM LIMITATIONS-----

Eligible Expense Distributions	Standard Monthly Funding
Housing Assistance	\$1,700

For each Incarcerated Tribal Member who meets the eligibility criteria above, the payment shall cover all Eligible Expenses. Eligible expenses are provided for in the above amounts for up to \$1,700 per month.



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### LIMITS ON DISTRIBUTION-----

- A. Housing Assistance. Funds shall only be used to pay for Eligible Expenses, including:
  - 1. Basic utility services, specifically water, sewer, trash, electricity, gas, and heat source (natural gas/propane/firewood/pellets); and
  - 2. Basic communication services, specifically landline and/or cellular telephone, internet, and basic cable services.
  - 3. Rent/ Mortgage/ Property Taxes
- B. Upon approval, the designated spouse or qualified non-member shall receive the housing assistance benefit monthly in the form of a check made out directly to the spouse or qualified non-member.
- C. Alternatively, upon approval, some or all of the payment shall be made directly to a landlord or mortgage company. If the approved designee is a dependent benefit issuance will only be available as a vendor payment in an amount up to the benefit amount. In such case, applicant must submit a completed application and all supporting documentation, provide a Form W-9 for the vendor, and provide proof of cost such as an invoice or other statement.

APPLICATIONS CAN BE SCANNED, FAXED, MAILED OR HAND DELIVERED TO THE  
SNOQUALMIE TRIBAL OFFICE AT:

ATTN: GENERAL RESOURCES DEPARTMENT  
MAIL: P.O. 969, SNOQUALMIE, WA 98065  
GENERALRESOURCES@SNOQUALMIETRIBE.US

FAX: (206) 202-4535  
EMAIL:



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**PERSONAL INFORMATION**-----

Name of Incarcerated Tribal Member: \_\_\_\_\_

Inmate Number: \_\_\_\_\_

Correctional Facility:  
\_\_\_\_\_

Correctional Facility Address:  
\_\_\_\_\_

City, State, Zip  
\_\_\_\_\_

Correctional Facility Phone Number: \_\_\_\_\_

Please check the box for each benefit for which you are eligible, and attach all necessary documentation:

√	Eligible Monthly Expense Distributions	Benefit Amount
	Housing Assistance -\$1,700	
	<b>*TOTAL:</b>	

Designated Beneficiary to Receive Housing Assistance Benefits During Period of Incarceration:  
\_\_\_\_\_

Relationship of Beneficiary:  
\_\_\_\_\_

Designated Beneficiary's Address:  
\_\_\_\_\_

Designated Beneficiary's Phone Number and Email :  
\_\_\_\_\_



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FOR FAMILIES OF INCARCERATED TRIBAL MEMBERS APPLICATION

The Snoqualmie Tribal Council wishes to ensure that no tribal household in the community will be without basic fundamental necessities of life. The General Welfare Policy ("Policy") will not completely fund all members' financial and other needs, but is designed to lessen the burden of living expenses in their everyday lives. It is the intent of the Tribal Council that the Policy be funded from the Tribe's general fund, which will not be subject to state or federal taxation and will not reduce fixed income or other benefits of the recipients.

I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application, if I knowingly give false information which results in payment to which I am not entitled, the Tribe may treat the payment as taxable and issue me a Form 1099-MISC and/or pursue remedies to recover funding.

Tribal Member or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_