Snoqualmie Indian Tribe

Mold Remediation Assistance Application

Application

Tribal Member Information:

Name: _____ Enrollment Number: _____

Physical Address: _____

Phone Number: (_____) _____

Email Address: (if available) _____

Household Information:

Is this your primary residence? ☐ Yes ☐ No

Number of people living in the household: _____

Do any household members fall into a priority category? (Check all that apply)

- ☐ Elder (55+)
- ☐ Child under 18
- ☐ Person with disability
- ☐ Person with asthma or other respiratory condition
- ☐ Pregnant individual
- ☐ None

Flood Impact Information:

Date(s) of Flooding: _____

Describe how flooding impacted your residence:

_____

_____

_____

_____

Mold Information:

Have you observed mold or damp conditions related to the flood?

☐ Yes ☐ No ☐ Unsure

Location(s) of mold or moisture (check all that apply):

☐ Walls ☐ Floors ☐ Ceilings ☐ Bathroom ☐ Kitchen ☐ Basement/Crawlspace ☐ Other: _____

Briefly describe the mold issue or concern:

_____

_____

_____

_____

Type of Assistance Requested

☐ Mold assessment/inspection

☐ Mold remediation or removal

☐ Cleaning and sanitization related to mold

Estimated cost (if known): $_____

Preferred payment method:

☐ Direct payment to vendor

☐ Reimbursement (receipts required)

Other Disaster Assistance (Anti-Duplication of Benefits)

Have you applied for or received other assistance for this damage?

☐ FEMA ☐ Insurance ☐ State/Local program ☐ Other: _____ ☐ None

If yes, describe the assistance received or expected:

_____

_____

CERTIFICATIONS AND ACKNOWLEDGMENTS

By signing below, I certify that:

- I am an enrolled Tribal member and the information provided is true and correct.
- The affected residence is my primary residence.
- The requested assistance is related to a flood emergency and associated mold risk.
- I understand that assistance is limited to $1,000 per household per flood event. ($500 for mold assessment and $500 for air purifier)
- I certify that this request does not duplicate other disaster benefits received.
- I understand that providing false information may result in denial or recovery of funds.

Applicant Signature: _____

Date: _____

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Application Received Date: _____
Emergency Declaration Verified: ☐ Yes ☐ No

Eligibility Determination:
☐ Approved ☐ Denied ☐ Pending Additional Information

Approved Amount: $_____
Payment Method: ☐ Vendor ☐ Reimbursement

Reviewed By: _____ Date: _____

Title: _____

This application may be modified or documentation requirements waived during emergency response periods to protect public health.