



# SNOQUALMIE INDIAN TRIBE

## EMERGENCY ASSISTANCE APPLICATION

### APPLICATION

The Emergency Assistance Program is designed to address the short term emergency needs of adult Snoqualmie Tribal Members. An emergency is a situation one that poses an *immediate risk* to financial well-being, health, life, property, or environment. Tribal members can receive up to \$1,500 (One Thousand Five Hundred Dollars) in assistance, per fiscal year.

#### *Program Eligibility*

To be eligible to receive this Benefit, the applicant must be:

1. An Adult Tribal Member;

The following are ineligible to receive the Benefit:

1. Tribal Members who are incarcerated
2. Minor enrolled Snoqualmie Tribal Members
3. Tribal Members in residential treatment will be assessed for eligibility on a case by case basis based on needs and ability to access funding while in treatment

#### *Limits on the distribution of Emergency Assistance Program:*

Emergency Assistance is available up to \$1,500 per eligible Tribal Member per fiscal year, subject to the following:

1. There is no borrowing from future/past cycles.
2. The funding does not have to be accessed in a single transaction.
3. The receipt or invoice must be dated within the fiscal year when the application is submitted. The receipt must have the Tribal Member's name on it.
4. For bills the expenses must be in the given fiscal year (cannot pay a car/utility bill for a month in a previous fiscal year)
5. The item(s) being request must not be considered lavish or excessive to be eligible as a General Welfare expense for tax exemption.
6. **Please see the Eligible Expense sheet for a list of eligible request items for this program as some may be taxable.**

#### *Application Process*

To obtain Benefit funding for Eligible Expenses, the applicant must complete and submit the Emergency Assistance Application, which will include, without limitation, the following information:

1. Sufficient documentation to detail the item(s) and cost.
2. If the Tribal Member is accessing for the purposes of property taxes, proof of homeownership by the Tribal Member must be provided.
3. If the Tribal Member is accessing for a vehicle payment or repair, proof of vehicle ownership by the Tribal Member must be provided, the vehicle must be the Tribal Member's primary vehicle.

The Emergency Assistance Application must be submitted and processed before any funds are issued, to ensure applicant eligibility. The General Resources Department may request additional documentation to confirm proof of payment and may update Tribal records as necessary to ensure accuracy of information on file.

#### *Program Limitations*

1. This benefit cannot overlap in services rendered with any other Tribal Program. (i.e. you cannot be receiving Utility Assistance from the Housing Department and request Utility Assistance from EA for the same bill).
2. The Tribe may require repayment from the Tribal Member for any payments made on the Tribal Member's behalf to vendors for items or services that are not completed within 1 calendar year after the issuance of payment.



# SNOQUALMIE INDIAN TRIBE EMERGENCY ASSISTANCE APPLICATION

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

FAX: (206) 202-4535  
EMAIL: GENERALRESOURCES@SNOQUALMIETRIBE.US

## PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone (or best contact number): \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Email (if one is available): \_\_\_\_\_

Preferred method of contact (circle one):      MAIL      PHONE      EMAIL

Vendor Name: \_\_\_\_\_

Vendor contact information: \_\_\_\_\_

\*If paying a vendor directly, the vendor W-9 is required with application.

JUSTIFICATION OF EMERGENCY (CIRCLE): FINANCIAL    HEALTH    LIFE    PROPERTY    ENVIRONMENT

## REQUESTED ELIGIBLE EXPENSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYMENT TYPE:    ADVANCE (limited to \$500)      REIMBURSEMENT      VENDOR PAYMENT

If the item you are requesting reimbursement for is listed on the Emergency Assistance taxable list  
you must submit a W9 for the applicant with this application.

AMOUNT  
REQUESTING: \_\_\_\_\_



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### EMERGENCY ASSISTANCE AGREEMENT-----

Advance-Limited to \$500 per request:

- Receipts must be submitted to the Tribal Services Department within 60 days of issuance of the check.
- Checks are only to be used towards the purchase of groceries, clothing, or transportation.
- Checks cannot be used to purchase pet food/supplies, soda, energy drinks, alcohol/tobacco, and/or fast food and restaurants.
- You cannot access additional funding from this program until your advance has been reconciled.

#### Reimbursement

- Tribal Members may obtain reimbursement for any of the items purchased by the Tribal Member and approved as an Eligible Expenses on the provided list. Along with submission of the application, the Tribal Member must provide an itemized receipt that contains the Tribal Member's name and shows proof of payment. Taxable items require a W9 submission from the applicant with application.

#### Vendor Payment

- The Tribal Member may have the Tribe directly pay a vendor for an approved Eligible Expenses. Along with submission of the application, the Tribal Member must provide an itemized invoice from a Tribe-approved retailer.
- A W-9 for the vendor is submitted
- Following application approval, a check or PO will be executed directly with the vendor.
- The Tribe will issue payment as a third party only on the Tribal Member's behalf and will not be a party to any contracts, nor will the Tribe assume any responsibility to ensure that the terms of the contracts are properly carried out. The Tribal Member is responsible to verify the quality of item or services rendered and maintain their own records.

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 and that the Tribe reserves the right to pursue other available remedies at law and/or equity to recovery any misused funds. By signing I agree that the Emergency Assistance Program may contact other tribal programs for pertinent information as it applies to this application.

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