

SENECA - CAYUGA NATION

P.O. Box 453220 Grove, Oklahoma 74345 Phone: 918-786-5576 Fax: 918-786-9245

**CHECK THIS
BOX IF YOU
ARE A 1ST.
TIME
APPLICANT**

Emergency Claim Application **APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED**

Submit to the Above Address - "Attention: Welfare Committee"

Emergency Funds are Paid at a Maximum of \$500.00 per Fiscal Year
Based on Availability

Today's Date

Applicant's Name

Roll Number

Address

City/State

Zip Code

Phone Number

Cell Number

Work Number

Email Address

I swear and affirm that all the information listed on this document is true and correct

Signature of Applicant

Please mark the type of emergency assistance you are requesting:

1. ___ Financial assistance: Utility Payment, Medical Incapacity, Job Layoff, Job Closure, etc.
2. ___ Household appliance repair or replacement -
 With receipt or bill – If a bill, must provide a W-9 from the supplier
3. ___ Rental Assistance – Must provide W-9 from landlord

Copies of the applicable documents **MUST** be submitted with this signed application
Include all documents with this completed form.

1. Copies of Tribal membership card(s) for all Tribal members in the household.
2. Any and all documentation pertaining to the emergency for which you are applying for
 - Utility Assistance-Copy of the Bill
 - Bill Must be in Tribal Members Name
 - Payment will be made directly to the utility company
 - Layoff Assistance-Must have a layoff notice from the place of former employment on company letterhead that includes the name and phone number
 - Medical Emergency – Must have all documentation regarding the medical emergency

*****FOR WELFARE COMMITTEE USE			
ONLY*****			
Date: _____	Action Taken: _____	Approved _____	Hold _____
Reason: _____		Remitted To: _____	
Check #: _____	Amount: _____	Balance: _____	