



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIAN
HUMAN SERVICES DEPARTMENT
EMERGENCY ASSISTANCE FUND**

These funds have been established to provide limited financial assistance to tribal citizens who are experiencing an economic hardship when no other funds exist.

Emergent or crisis situations are unexpected events that have a significant impact on the person's health, safety or welfare or may pose a threat to the health safety or welfare of the individual/family if assistance is not available.

Name:		Age:	Date:
Address:		Birthdate:	Social Security #:
City/Town:	State:	Zip Code:	Phone #:

TRIBAL MEMBER OF LITTLE TRAVERSE BAY BANDS ENROLLMENT #: _____

OTHER HOUSEHOLD MEMBERS:

Name	Age	Birthdate	Social Security #
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

TYPE OF ASSISTANCE BEING REQUESTED:

Emergency Housing Assistance Are you homeless?
 Emergency Energy Assistance Have you received an eviction notice?
 Emergency Medical Need Electric Gas Propane Wood
 Emergency Clothing

If seeking assistance due to disaster or emergency medical need, please indicate the details of the emergency and specific need requested:

How much money are you requesting? _____

I allow the Human Services Department to verify information for the purpose of this application.

Signature

Date

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740
 Physical Address: 915 Emmet Street, Petoskey, MI 49770
 Phone: (231) 242-1620 Fax: (231) 242-1635

**Little Traverse Bay Bands of Odawa Indians
Human Services Department
LTBB Tribal Citizen Emergency Assistance Fund**

This packet contains the following information:

Check list of Necessary Documentation
Application for Emergency Fund
Emergency Assistance Policy and Procedures

This fund is designed to provide limited financial assistance to citizens of the Little Traverse Bay Bands of Odawa Indians who are homeless or at immediate risk of becoming homeless, those who have experienced a substantial loss of housing or clothing due to fire, flood or similar disaster and those who have an emergency medical need where there is no other funding alternatives.

Applicants who are tribal citizens (or parents/legal guardians of minor tribal citizens) may access funds every two years. The Emergency Assistance Fund is intended to assist in the event of an emergent or crisis situation when no other funding source is available. Situations that qualify are those events that have a significant impact on a person's health, safety or welfare or may pose a threat to the health, safety or welfare of the individual if assistance is not available.

Emergency funds are available on a first come, first served basis and are typically scheduled to be available on a quarterly basis beginning in January.

Amounts awarded will not exceed \$450.00. A request does not guarantee funding.

Applications are considered complete when the requestor submits the application and necessary documentation. Applications will not be processed until completed. Please pay special attention to the check sheet provided to ensure that all information is complete and includes all and any necessary supporting documentation.

Applications will be taken as long as there is funding available. IF funding is not currently available, applications will not be received until the next quarterly funding cycle. Please contact Human Services for more information.

Applications can be filed in person, via mail, or fax at (231) 242-1635.

If you have questions, please call the Human Services Department at (231) 242-1620.

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**EMERGENCY ASSISTANCE FUND
CHECK SHEET**

HAVE YOU COMPLETED ALL OF THE FOLLOWING:

_____ COMPLETED application.

_____ Copy of LTBB Tribal Enrollment Card

_____ Vendor, landlord, utility bill (shut off notice, eviction notice, defaulted mortgage; in case where seeking propane, verification of less than 10%, bill from firewood provider)

_____ W-9 from vendor

_____ Documentation of other funding that has been applied for

IF APPROPRIATE FOR YOUR CIRCUMSTANCES:

_____ Documentation of parentage or guardianship

_____ Documentation of loss due to fire, flood or similar disaster

_____ Documentation of emergency medical need not covered by other funding