

Tohono O'odham Nation - General Welfare Law

APPLICATION FOR ASSISTANCE

1. Type of Assistance Requested _____

Application Date: _____

2. Person applying for assistance:

Last name	First Name	Middle Initial		
Address	City	State	Zip Code	Telephone #
Mailing Address	City	State	Zip Code	

3. Tribal Enrollment Number: _____

4. Explanation of Need:

Please explain the purpose for requesting assistance. (For example, emergency home repairs due to storm damage, medical emergencies, death, divorce, casualty).

5. Have you previously applied for assistance within the past 12 months? (Nation, district, community, state, federal) Yes ___ No ___

If yes, please explain type, amount, and purpose of assistance received (or why it was denied):

6. A. I verify under penalty of perjury that the information provided in this application is true and correct to the best of my knowledge. I authorize verification of all information I provided, and for other agencies, departments, programs, or other individuals, as applicable, to release information needed to verify my application.

B. I promise to provide receipts for any assistance consistent with this request and to use all funds solely for the designated program purpose.

C. I agree to repay any assistance that is not used for the approved program purpose, or for which I do not provide required receipts. I understand that I may be denied future benefits until I repay such amounts, and that I will be subject to all other remedies provided under the GWL.

7. Applicant Signature _____

Date _____

8. Official Use Only:

For Office Use Only:

Program Name (to address requested need): _____

Satisfied program guidelines Does not satisfy program guidelines

Safe Harbor program Non-Safe Harbor program

Comments: _____

Authorized Signature: _____ Date: _____