

# HABMEMATOLEL POMO OF UPPER LAKE SUPPLEMENTAL ASSISTNACE SELF-SUFFICIENCY PROGRAM PARTICIPATION APPLICATION

## APPLICANT INFORMATION

Application Date: \_\_\_\_\_

Name:		HPUL Enrollment Number:	
Mailing Address		Physical Address	
Phone Number		Date of Birth	

**ELGIBILITY INFORMATION:** In accordance with the program guidelines and policies, each tribal member needs to provide a fair and reasonable estimate of the annual expenses. In order to qualify to participate in this program the estimated annual expenses are required to equal to or exceed 150% of the previous years annual RSTF Income

TYPE OF EXPENSE	ESTIMATED ANNUAL EXPENSE
Housing (including rent and mortgage payments, property taxes, home owners insurance, housing repairs)	
Utilities (including: gas, electricity, propane, water, sewer, garbage, fire wood, phone service)	
Food & Grocery (include food, and incidentals i.e. shampoo, detergents toothpaste etc.)	
Transportation (include, car payments, gas, insurance, automotive maintenance (i.e. oil changes, tires etc) automotive repairs	
Medical Expenses (include prescription and non prescription medication, medical insurance premiums and co-pays)	
Cultural Expenses (include educational fees to learn Native arts or language, transportation and travel to historical Native American landmarks or locations, Participation in cultural fairs and pow-wows)	
Health & Fitness (include gym memberships, diet plans etc)	
Other : Please list	
Other : Please list	
Other : Please list	
Other : Please list	
<b>TOTAL</b>	

By signing below I, \_\_\_\_\_ am certifying that the above information is true and current to the best of my knowledge. I also am certifying that I have read and understand the program guidelines associated with this program, and that I fully understand that this application is good for a period of one (1) year at which time; I acknowledge that it is my responsibility to reapply to participate in this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Disclaimer:** Applications submitted by noon Wednesday for Tribal Member services will be processed that week. Checks will be ready for pick up no later than Friday 5pm that same week as well. Applications submitted after noon on Wednesday will be processed with the following week's check run. Applications are subject to the program year anything outside the date range will not be accepted. HPUL Staff is committed to 3 attempts of communication, if there is no response or submission of requested documentation your application will expire 30 days from the last date communication was attempted or made. **NOTE:** Incomplete applications will delay the process, as well as any check due. Possible exceptions to this policy include instances of a shortened weekend (due to holiday) and/or scheduled time off for the Fiscal Staff.

***FOR INTERNAL USE ONLY***

Expense/Income Eligibility met? Yes No	Date Received:
Reviewed By:	Approved By
Application Expiration Date:	

# HABEMATOLEL POMO OF UPPER LAKE SASSP PAYMENT REQUEST FORM

MEMBER NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Date Received: \_\_\_\_\_

\_\_\_\_\_ Date Approved: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Select All that Apply	Assistance Category	Detailed Description of Documentation Provided	Requested Amount to be Reimbursed	Approved Amount to be Reimbursed (FOR OFFICE USE ONLY)
<input type="checkbox"/>	<b>Transportation</b> RECEIPTS MUST BE WITHIN <u>30-DAYS OF PAYMENT</u>			
<input type="checkbox"/>	<b>Housing</b> RECEIPTS MUST BE WITHIN <u>90-DAYS OF PAYMENT</u>			
<input type="checkbox"/>	<b>Bereavement</b> RECEIPTS MUST BE WITHIN <u>90-DAYS OF PAYMENT</u>			
<input type="checkbox"/>	<b>Education/ Employment</b> RECEIPTS MUST BE WITHIN <u>90-DAYS OF PAYMENT</u>			
			Approved Payment Total	

By signing below, I certify that I am an adult tribal member of the Habematolel Pomo of Upper Lake Tribe, and that I am requesting reimbursement for the above noted expenses as it pertains to exigent circumstances that affect my general welfare.

**FOR INTERNAL USE ONLY**

\_\_\_\_\_  
Tribal Member Date

\_\_\_\_\_  
Program Coordinator Date

\_\_\_\_\_  
Tribal Administrator Date

<b>Program Eligibility Confirmed</b>	
<b>Annual Amount Approved</b>	
<b>Total of Previously Requested Payments</b>	
<b>Approved amount for this request</b>	
<b>Balance Remaining for Calendar Year</b>	

\_\_\_\_\_  
Fiscal Office Date

\_\_\_\_\_  
Tribal Chairperson Date

**Disclaimer:** Applications submitted by noon Wednesday for Tribal Member services will be processed that week. Checks will be ready for pick up no later than Friday 5pm that same week as well. Applications submitted after noon on Wednesday will be processed with the following week's check run. Applications are subject to the program year anything outside the date range will not be accepted. HPUL Staff is committed to 3 attempts of communication, if there is no response or submission of requested documentation your application will expire 30 days from the last date communication was attempted or made. **NOTE:** Incomplete applications will delay the process, as well as any check due. Possible exceptions to this policy include instances of a shortened weekend (due to holiday) and/or scheduled time off for the Fiscal Staff.