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)
☐	**Transportation** RECEIPTS MUST BE WITHIN 30-DAYS OF PAYMENT			
☐	**Housing** RECEIPTS MUST BE WITHIN 90-DAYS OF PAYMENT			
☐	**Bereavement** RECEIPTS MUST BE WITHIN 90-DAYS OF PAYMENT			
☐	**Education/ Employment** RECEIPTS MUST BE WITHIN 90-DAYS OF PAYMENT			
			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.

_____

Tribal Member **Date**

_____

Program Coordinator **Date**

_____

Tribal Administrator **Date**

_____

Fiscal Office **Date**

FOR INTERNAL USE ONLY

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

_____

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.