

HABMEMATOLEL POMO OF UPPER LAKE PERMANENTLEY DISABLED ASSISTANCE 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	
TOTAL	

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 five (5) years at which time; I acknowledge that it is my responsibility to reapply to participate in this program.

Signature

Date

FOR INTERNAL USE ONLY

Expense/Income Eligibility met? Yes No	Date Received:
Reviewed By:	Approved By
Application Expiration Date:	Date of 1 st Payment: Monthly Distribution Amount: