The Saginaw Chippewa Indian Tribe

Elders Assistance Home Repair Application
7070 E. Broadway Mt. Pleasant, MI 48858
Planning Department (989-775-4014)

Section #1 Personal Information

Full Name of Applicant (Last, First, Middle Initial)		Maiden Name /Jr. or Sr.
Mailing Address		County
Street Address	City/ State	Zip Code
Home Phone Number	Work Phone Number	Tribal I.D. Number
Birth Date	Sex (circle) Female or Male	Date

Is Applicant Widowed?	Yes	No	Handicapped? If yes, please list nature of handicap.	Yes No
Head of Household?	Yes	No		
Single Parent?	Yes	No		
Own Your Home?	Yes	No	List names and ages of all persons, including yourself, living in the household:	
Have Homeowner's Insurance?	Yes	No	Name	Age
Length of Residency at this address: _____ Years _____ Months			1.	
			2.	
Total Number Living in Household:			3.	
			4	
Number of Dependents:			5.	
			6.	

Needs Assessment:

Describe your Home Repair/Emergency need: _____

Please prioritize the above needs if you are proposing more than one activity: _____

APPLICANT VERIFICATION CERTIFICATION: rev160203

I HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE, CORRECT AND IS COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT GIVING FALSE OR INCOMPLETE INFORMATION CAN RESULT IN REFERRAL TO THE PROSECUTING ATTORNEY FOR FRAUD, AND/OR RECOVERY OF FUNDS PAID ON MY BEHALF AND/OR EXCLUSION FROM EMERGENCY ASSISTANCE HOME REPAIR PROGRAM.

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION BY THE APPROPRIATE AGENCIES TO THE SAGINAW CHIPPEWA INDIAN TRIBE, FOR THE PURPOSE OF VERIFYING INFORMATION NEEDED TO ESTABLISH ELIGIBILITY FOR THE PROGRAM.

APPLICATION MUST BE COMPLETELY FILLED OUT. IF APPLICATION IS NOT COMPLETED, IT WILL BE RETURNED TO THE CLIENT WITH A WRITTEN FORM THAT POINTS OUT THE INFORMATION NEEDED. CASE WILL BE CLOSED IF DOCUMENTATION IS NOT RETURNED WITHIN 60 WORKING DAYS FROM THE DATE OF THE LETTER OF NOTIFICATION DATE.

THE PROGRAM STAFF WILL HAVE 14 WORKING DAYS TO PROCESS GRANT WHEN COMPLETED APPLICATION INFORMATION AND RECEIPTS HAVE BEEN RECEIVED BY THE PROGRAM.

WHEN THE PPV IS FORWARDED TO THE ACCOUNTING DEPARTMENT, A MINIMUM OF 14 WORKING DAYS MUST BE ALLOWED FOR THE CHECK TO BE PROCESSED, ALL CALLS REGARDING THE APPLICATION, CHECK OR GRANT PROCESS ARE TO BE DIRECTED ONLY TO THE APPROPRIATE PROGRAM STAFF.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND MY RESPONSIBILITY IN COMPLYING WITH THE ABOVE.

DISTRICT OF RESIDENCY AT TIME OF SERVICE: _____

APPLICANT/GUARDIAN SIGNATURE: _____ DATE: _____

Office Use Only

Case Number: _____ Amount Awarded: _____