

**\*\*Emergency\*\***

**REPAIR & REHAB APPLICATION**

**\*\*\*Income for everyone 18 and older MUST be attached before application can be reviewed\*\*\***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip Code

Do you have homeowner's insurance? *If so, please attach certificate*  
(Please circle one, this will not disqualify you for emergency assistance, but may qualify you for future assistance)

YES NO

**1. HOUSEHOLD COMPOSITION**

Legal Name of Persons	Date of Birth	Age	Relationship to Head of Household	Tribal Enrollment #
			Head	
			Spouse	

Explain your emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Homeowner signature

\_\_\_\_\_  
Date of Application

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

Denied \_\_\_\_\_

Explain reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date