

EMERGENCY FUND APPLICATION

Seneca-Cayuga Tribal Claims Committee

23701 South 655 Road (Hwy 10)
Grove, Oklahoma 74344



Tel: (918) 786-5576
Fax: (918) 786-9245
*DO NOT Mail if
Faxing Application

Date: _____

Name:(Please Print) _____ Roll #: _____

Address: _____ Phone #: _____

Work #: _____

Please mark the type of emergency assistance you are requesting:

1. ___ Financial assistance: Medical incapacity, Job layoff, Job closure, etc.
2. ___ Home or major household appliance repair damaged by act of nature, or
3. ___ an unsafe condition in the home that is a threat to the health and/or safety of the eligible Tribal member.

A completed Emergency Application package must be submitted to the Claims Committee before such a request will be considered. An Emergency Application is not complete and will not be considered for review or processing unless copies of the following documents are submitted with the signed application:

1. Copy of Tribal membership card(s) for all Tribal members in household.
2. Written statement by Tribal Member describing emergency condition.
3. Proof of home ownership if the damage claim is to repair a home.
4. A written statement from a professional describing damage or existing condition.
5. Documentation pertaining to the emergency.

For emergency assistance please sign this statement: (Please mark (2.) or (3.) if applicable)

I, the undersigned, do hereby solemnly swear and affirm that all facts contained on this application and supporting documents are true and correct. I further swear or affirm that I do not have homeowner insurance coverage for the cost of:

(2.) ___ repair or replacement of damage caused by an act of nature to my home or the major household appliance for which I am requesting emergency assistance for, or

(3.) ___ rectifying the unsafe condition in my home for which I am requesting emergency assistance.

I further swear or affirm that the information I have given above is true and correct.

Applicant Signature

Date

***** FOR CLAIMS COMMITTEE USE ONLY *****

Date: _____ Action Taken: Approved _____ Denied _____ Hold _____

Reason: _____

Remitted To: _____

Check #: _____ Amount: _____

Balance: _____

Approval: SL _____ RB _____ LS _____ SWO _____ PB _____