



## **Emergency Flexible Financial Assistance**

The “Emergency Flexible Financial Assistance” is a resource provided in urgent situations as defined below:

- Loss of Employment
- Loss of Hours with Current Employer
- Homeless by NIT Definition
- At Risk of Becoming Homeless
- Other Emergency Situations Related to Pandemic Impact

## **Required Documentation**

- Proof of Tribal Enrollment
- Copy of Driver’s License or State I.D.
- Proof of Household Income: Paycheck Stubs, Employer Statement, Award Letter, SSI/SSA Award Letter, VA, Child Support, Unemployment Benefits, and all other sources of income
- Zero Income Certification (if applicable)
- Homeless Certification (if applicable)
- Proof of Residency: Rental Agreement, Landlord Statement, Utility Statement or other documentation as approved by Program Manager or Social Services Director

## **Services Provided**

- Eviction Prevention
- Rental Assistance
- Emergency Shelter Placement
- Temporary Placement
- Wrap Around Services
- Application Assistance
- Other Services as needed and approved

**Incomplete applications will not be accepted. Please review the list of items above and be sure to include all necessary documentation that pertains to your household situation.**

If you have questions regarding the program or require assistance with completing the attached application, please contact Nooksack Social Services at (360)-592-0135



Please Print:

Name: Last, First, MI	Social Security Number:	Telephone Number:
Street Address:	City, State:	Zip Code:
Mailing Address: (if different)	City, State:	Zip Code:

Household Members: (if you need more room, please put information on the back of this page)

Name: Last, First, MI	Relationship	D.O.B	Sex: M/F	Marital Status	Tribal Affiliation	Enrollment Number
	<b><u>SELF</u></b>					

Please check one or more of the following that apply to your current household:

- Loss of Employment
- Decrease in hours or household income
- At risk of becoming homeless
- In receipt of Eviction or Utility "shut off" notice
- Other emergency situations related to pandemic (please explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Other (Please explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Initials**\_\_\_\_\_ I certify that the information provided is true and accurate to the best of my knowledge.

**Initials**\_\_\_\_\_ I understand that supporting documentation may be required for approval of assistance and will provide that information within 10 days of my initial application.

**Initials**\_\_\_\_\_ I understand that if the required documentation is not submitted within the 10-day timeframe my application will be closed, and services will not be approved.

**Initials**\_\_\_\_\_ I will make all attempts to contact the case manager to assist in gathering documentation for my application and will notify the case manager if there is a delay in supporting documentation.

I understand that by signing this application I have authorized Nooksack Social Services personnel to contact any individual listed on this application.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date



**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION  
EMERGENCY FINANCIAL ASSISTANCE**

As a condition of applying and receiving assistance through the Emergency Financial Assistance Program, I understand authorized personnel is required to verify eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income, housing, employment and household information.

I authorize the release of information requested by the Nooksack Tribal Social Services Agency or its agents. The requested information will only be used in the administration of the Nooksack Tribal Social Services Programs, and will not be released to any other person(s) or agency outside of the Nooksack Tribal Social Services Program. This release will remain in effect while I am an applicant or recipient of services provided by Nooksack Tribal Social Services, and for any later investigations of my eligibility.

Persons or organizations that may be contacted include, but are not limited to: Past and Present Landlords, Courts, Educational Institutions, Law Enforcement Agencies, Child Support Agencies, Past and Present Employers, Public Assistance Programs, Unemployment Agencies, Social Security Administrations, Medical providers, Veteran's Administration, Financial Institutions, Utility Companies, and Nooksack Indian Tribe Entities.

I further understand that I may have to sign a Consent to Release information with any agency to which I have been referred.

**A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of Authorized Management Agent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION  
EMERGENCY FINANCIAL ASSISTANCE**

I, \_\_\_\_\_, Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Applicant Name

I, \_\_\_\_\_, Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Spouse/Guardian Name

Hereby authorize disclosure of information from my records to be released to the Nooksack Social Services Department. The information will include but may not be limited to Residency, Employment, Social Security Administration, Unemployment Benefits, Public Assistance, Housing, Landlord Statements, Per Capita and other income resources.