

# UMU TRIBAL EMERGENCY ASSISTANCE ONLY REQUEST FORM COUNCIL ASSISTANCE FY 2024

Tracking Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Meets Tribal Income Guidelines: \_\_\_\_\_

Member Name: \_\_\_\_\_ Census Number: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Purpose/Supporting Doc.(Attach): \_\_\_\_\_

Type of Assistance: Council Assistance Only \_\_\_\_

**Certification of need: I hereby certify that this request is based on extraordinary need. I have sought assistance from all other sources of funds available to me prior to this request, but all of those sources are exhausted or unavailable to me at this time. I understand that emergency assistance will be provided only if the assistance is applied pursuant to all program guidelines in effect for this legislatively authorized tribal social benefit program. I also understand that failure to return payments that do not satisfy all program guidelines will result in a denial of future benefits. Benefits that do not meet all requirements under the Weenuche Assistance Act must be repaid. Misuse of assistance may also be reported as taxable income. By signing this application, I authorize repayment of any improper benefits through payroll deduction or offset of future benefits, assistance or other payments from the Tribe. To the extent this program is funded by the American Rescue Plan Act, assistance must be used solely to address the negative economic impacts from COVID-19 from MArch 3, 2021 and are limited to amounts reasonably calculated to respond to such negative economic impacts.**

**If my family income is above the Tribal Income guidelines, I request assistance based on the following additional facts and circumstances demonstrating my extraordinary financial burdens:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Sig. of Member/Parent or Guardian

\_\_\_\_\_  
 Employer

\_\_\_\_\_  
 Signature of Employer

### Member Services Department Review

Satisfies Facts & Circumstances Extraordinary Need  Does not Satisfy Facts & Circumstances Extraordinary Need

Authorization: \_\_\_\_\_ Compliance Review: \_\_\_\_\_

Authorization:

Council Approval to Charge to their Budget  
 Approved

\_\_\_\_\_  
 Signature  
 Councilman

A Auto, C Cultural, E Education, F Food, M Medical, (Circle One)