



Confederated Tribes of the Chehalis Reservation



Social Services

Once-in-a-Lifetime Emergency Assistance

Application for Once-in-a-Lifetime Emergency Home Assistance

Applicant Information

Applicant Name: _____

Enrollment Number: _____

Date of Birth: _____

Physical Address: _____

Mailing Address (if different): _____ ☐ Same as above

Phone Number: _____

Email Address: _____

Household Information

Number of people living in the home: _____

Do any of the following reside in the home? (Check all that apply.)

☐ Children

☐ Elder(s)

☐ Individual(s) with a disability

☐ Veteran(s)

Type of Emergency Assistance Requested

☐ Roof Repair

☐ Plumbing

☐ Electrical

☐ Heating/Cooling

☐ Septic

☐ Water Damage

☐ Structural Repair

☐ Accessibility Modification

☐ Essential Appliance Replacement

☐ Other: _____

Description of Emergency

Please explain the emergency when it occurred, and why assistance is needed.



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Requested Amount

Estimated Cost: \$ _____ Amount Requested (Maximum \$5,000): \$ _____

Have You Applied for Other Assistance?

☐ Yes ☐ No

If yes, please list the agency or organization and the outcome.

Contractor or Vendor Information

Business Name: _____

Contact Person: _____

Phone Number: _____

Estimate Attached?

☐ Yes ☐ No

If an estimate is not attached, the application will be denied.



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Required Documents

Please attach the following if applicable:

- | | | |
|---|--|--|
| ☐ Proof of Tribal Enrollment | ☐ Contractor Estimate | ☐ Photographs of Damage |
| ☐ Inspection Report | ☐ Insurance Determination (if applicable) | |
| ☐ Other Supporting Documentation | | |

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submitting false or misleading information may result in denial of assistance or repayment of funds. I understand that this program provides a one-time lifetime benefit of up to \$5,000, subject to eligibility requirements, funding availability, and Tribal approval.

I authorize the Chehalis Tribe to verify information provided in this application and to contact contractors, vendors, insurance companies, or other agencies as necessary to determine eligibility.

Applicant Signature: _____

Date: _____

SOCIAL SERVICES USE ONLY

Date Application Received: _____

Application Complete:

- ☐ Yes ☐ No

Eligibility Verified:

- ☐ Enrolled Tribal Member ☐ Primary Residence Verified
☐ Lifetime Benefit Verified

Date: _____

Staff Comments:

Amount Approved: \$ _____

- ☐ Approved ☐ Denied

Reason for Denial (if applicable):



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Protective Services Staff Signature: _____ Date: _____

Payment Issued To:

☐ Vendor

☐ Contractor

Date of Approval: _____ Date Paid: _____