

☐ CTTP Participant
☐ Partner Tribe
☐ Community Membe

Please print all information and fill out completely; failure to do so may cause your application to be denied.							Date:	Date:		
Before completing this form: In order to qualify for services, you must meet <u>all</u> of the following requirements: 1.										
	merican minor in the home; 2. Your hou									
	experiencing at least one of the At Risk			iow the soc	7/0 i Euciai r	overty duidelli	ie ieveis ain	a one person in the househol	iu	
mast be v	experiencing at least one of the At Misk	indicators in	Section iii.							
First Name:			Last Nam	ne:			E-Mail:			
								L Wall.		
Street/N	Nailing Address:		City:				Zip Code			
Ju cci, ii	runing Address.		City.				Zip code.			
Evening	Phone:	Mobile P	hone:		Day Phon	ь. ————————————————————————————————————	County:			
					24,	. .	Country.			
Section	II: Family Information	1								
				_						
Family T		☐ 2 – Pa	arent [Relativ	e Home		Current	Currently receiving		
Other: [CTTP Cash	,		
Total Nur	mber in Household:		Number o	f Dependen	its under 18:		Aid Family	_		
							□Yes □N			
								☐ Yes ☐ No		
				c						
Annual Fa	amily Income: To the best of your know	ledge, pleas	e note your	family's ani	nual income	here: \$				
Office								Relationship		
Use	List all family members in your	Tri	bal	Gender	Date of	Social Sec	rurity	Relationship		
Only:	household		ation	Gender	Birth	Numb	-			
CIF#	nousenoid	,	ation		Dir cir	1101110				
								SELF (person completing this form	n)	



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Section	Section III: At-Risk Indicators - All Heads of Household must mark at least One At-Risk indicator for the household						
Please ch	Please check all that apply:						
	Unemployment/loss of income		Homelessness/risk of homelessness		Experiencing substance abuse/mental		
	Medical treatment		Procurement of PPE/cleaning supplies		health issue		
	Increase use/cost of utilities		Living in unstable/unsafe living environment		Divorce or family separation		
	Increased food consumption costs		Being a member of low-income family		Incarceration		
	Increased cost of supplies/goods		Increased shelter expenses		High risk/vulnerable household member		
	Victim of price gouging		Increased fuel/energy costs		Damage or loss of use of property due to:		
	Increased childcare costs		Moving/relocation costs				
	Domestic violence victim/survivor		Living in a community with a shortage of supplies		School/childcare closures		
			Public Safety Power shut off (PSPS)		Evacuation due to:		

Section IV: Emergency Needs – Please Indicate your family's emergency needs below:

Qualifying Emergency needs include:

- DMV registration/vehicle insurance/vehicle loan payment (Verification of ownership, proof of expense & W-9)
- Utility assistance/energy assistance (Utility bill/verification of expense & W-9)
- Rental/Mortgage assistance/deposit (Current lease/Low-income housing statement/Mortgage statement & W-9)
- Food vouchers/gift cards (Estimated monthly amount)
- Gas vouchers/gas gift cards (Estimated monthly amount)

Type of Household Expense	Monthly Amount	Due every month? Y/N	If this item is delinquent, indicate by how much	Staff Use Only Total Amount	Verification Received Y/N



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AFFIDAVIT

APPLICANT INFORMATION				
Name				
Address				
Date of Birth				
Social Security				
Number				

ACKNOWLEDGEMENT AND AGREEMENT

In making this application for CTTP Non-Recurring Short-Term Benefits for Pandemic Emergency Assistance Fund (PEAF), I certify under penalty of perjury:

- 1. That my family and I reside in an identified service area for emergency assistance.
- 2. That an eligible Native American/Alaskan Native child resides in my home at the listed address.
- 3. That all information on this document and the Pandemic Emergency Assistance Fund form is truthful and accurate.
- 4. I understand that CTTP and its agents may investigate the accuracy of my statements and will require me to provide supporting documentation, to include but not limited to: photo identification, birth certificates, Social Security cards, tribal affiliation, residency and income verification.
- 5. I am willing to provide any and all supporting documents and answer all application related inquiries in a timely manner.
- 6. I am not on a County cash assistance program (including CalWORKs and/or Foster Care).
- 7. I have not received Pandemic Emergency Assistance Funds (PEAF) from another Tribal TANF program or State/County program.

Applicant Signature		Date
Witness Signature		Date
State of:	-	
County of:		
	-	



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For Staff use onl	y:			
Intake Staff:				
Service area elig	ibility verified:			
□Yes	□No			
Proof of Residen	cy received:			
□Yes	□No			
Verification of cr	risis received:			
□Yes	□No			
Photo ID for adu	It applicant received:			
□Yes	□No			
Birth Certificate	for at least one Native child received:			
□Yes	□No			
Tribal Affiliation	of Eligible Child(ren):			
Tribal Affiliation	verified:			
□Yes	□No			
Income (Under 3	300% of Federal Poverty Level) Last Months Income: \$			
Income verified:				
□Yes	□No			
Receiving County Cash Assistance (Including CalWORKs and Foster Care):				
□Yes	□No			
All eligibility fact	tors met:			



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Total Amount Approved: \$	_		
☐ Item Approved:			
Vendor:			
Amount of check: \$	Approved By:	-	
☐ Denied: Reason for denial:			
Entered into TAS by:	Date:		
☐ Item Approved:			
Vendor:			
Amount of check: \$	Approved By:	_	
☐ Denied: Reason for denial:			
Entered into TAS by:	Date:		
☐ Item Approved:			
Vendor:			
Amount of check: \$	Approved By:	-	
☐ Denied: Reason for denial:			
Entered into TAS by:	Date:		
☐ Item Approved:			
Vendor:			
Amount of check: \$	Approved By:	-	
☐ Denied: Reason for denial:			
Entered into TAS by:	Date:		