



**SOUTHERN UTE INDIAN TRIBE
EMERGENCY FAMILY SERVICES
EMERGENCY GRANT FUND APPLICATION**

Applicant's Name: _____
(LAST) (FIRST)

Census #: _____

Mailing Address: _____

Phone #: _____
(If we need to notify you).

Residence Address: _____

Living Arrangement:

Per Month:

Rent (Apartment, Trailer, House)

\$ _____

Own Home

\$ _____

Other

\$ _____

Employment: Full-Time

Part-Time

Unemployed

Have you applied for Food Commodities? (For locals only)

YES

NO

() **Groceries**

Ignacio Shur Valu

The Grocery Store-Bayfield

Off Reservation/Tribal members living off the Southern Ute Reservation

List below the items you are requesting assistance for:

You must attach current bill(s).

Amount: \$ _____
Amount: \$ _____
Amount: \$ _____

PLEASE LIST THE REASONS WHY YOU ARE REQUESTING ASSISTANCE. (Very Important)

I, CERTIFY THAT INFORMATION I HAVE GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I WILLFULLY PROVIDE ANY INFORMATION THAT IS NOT CORRECT I UNDERSTAND THAT THE APPLICATION PROCESS MAY BE DELAYED. I HEREBY AUTHORIZE THIRD PARTIES TO RELEASE INFORMATION TO EMERGENCY FAMILY SERVICES TO VERIFY INFORMATION CONTAINED ON MY APPLCIATION FOR ASSISTANCE.

APPLICANT

DATE