



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

Revised: 6/21/16

**Applicant's Name:** \_\_\_\_\_ **Census #:** \_\_\_\_\_  
(Last Name) (First Name)

**Mailing Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
(In case we need to notify you.)

**Residence Address:** \_\_\_\_\_

**Groceries**  Farmers Fresh  The Grocery Store  Roots Natural Foods

**Tribal Members living off the Southern Ute Reservation ONLY**

\*Direct Deposit  Pick up Check  Mail

*\* The following information is now required by Finance if you wish to have Direct Deposit.*

**Financial Institution:** \_\_\_\_\_

**Location (Branch):** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Routing Number (9 digit number found at bottom of check):** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Checking**  **Savings**

**Assistance Requests** (attach current bills)

\_\_\_\_\_ **Amount: \$** \_\_\_\_\_

\_\_\_\_\_ **Amount: \$** \_\_\_\_\_

\_\_\_\_\_ **Amount: \$** \_\_\_\_\_

I certify that the 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 application for assistance.

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_