

# Winnebago Tribe of Nebraska Emergency Assistance

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ Age: \_\_\_\_ Phone # \_\_\_\_\_

Household Member	Relationship to applicant	Enrolled Winnebago?
	Self/Applicant	Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

Please describe your emergency or why you need assistance (i.e. rent, utility, vehicle repair)

If this request is for a bill, is your name on the bill? **YES NO**  
 If no, whose name is on the bill? \_\_\_\_\_

**Do you have income? YES NO Please submit all income with application.**

I certify that the statements made on this application are true and correct to the best of my knowledge. I further understand that untrue or misleading statements may affect my eligibility for services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature/Significant other/Guardian

\_\_\_\_\_  
Date