

# **SAN JUAN SOUTHERN PAIUTE TRIBE**



## **EMERGENCY ASSISTANCE APPLICATION PACKET**

*Approved by Tribal Council Resolution No. 2019-03 dated January 18, 2019; Amended by  
Resolution No. 2023-038 dated July 7, 2023*

**SAN JUAN SOUTHERN PAIUTE TRIBE**  
67 NW Maple St.  
Tuba City, AZ 86045  
(928) 212-9794 ~ (928) 233-8948 fax  
[www.sanjuanpaiute-nsn.gov](http://www.sanjuanpaiute-nsn.gov)

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## IMPORTANT INFORMATION – PLEASE READ

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The Emergency Assistance Program of the San Juan Southern Paiute Tribe is governed by the requirements of Title 8, Chapters 1 and 5 of the San Juan Southern Paiute Tribe Law & Order Code (Code). A copy of Title 8 of the Code can be reviewed on the Tribe's website at [www.sanjuanpaiute-nsn.gov](http://www.sanjuanpaiute-nsn.gov) or can be obtained upon request to the Tribal Administration Office.

The Emergency Assistance Program provides various types of emergency assistance to Tribal Members who submit a complete Emergency Assistance Program Application (Application) and who meet the established criteria for the Program in accordance with the Tribal Law & Order Code and the San Juan Southern Paiute Tribe Emergency Assistance Program Handbook (Handbook). This Emergency Assistance Application Packet is part of the Handbook. A complete copy of the Handbook can be obtained upon request to the Tribal Administration Office. *Please note that the Code, the Handbook and this Application Packet may be updated from time to time. Prior to making an Application for Emergency Assistance, you should make sure that you are using the current version of the Code, Handbook and Application Packet.*

The Emergency Assistance Program is funded each year as part of the overall Tribal Budget and funding is limited from year to year. The review of your Application will be categorized by the type of Emergency Assistance you are requesting (e.g. burial assistance, transportation assistance, emergency assistance, etc.). The type of assistance offered by the Tribe to provide emergency assistance for Tribal Members, if any, may not necessarily be the type of assistance initially requested by the Applicant.

Upon receipt of a completed Application the Tribal Administration may provide up to \$1,000 of Emergency Assistance. The Tribal Administration will make a determination whether an Emergency Tribal Council meeting is required or if the assistance requested will be addressed at the next regularly scheduled Tribal Council Meeting. Applicant must be present at the Tribal Council Meeting to answer questions and provide further information requested by the Council. If Applicant is unable to attend the Tribal Council Meeting in person telephonic or videoconference attendance is acceptable and may be set up through the Tribal Administration.

**Emergency Assistance may be denied if:**

- You do not meet the qualifications for assistance;
- Sufficient funds are not available in the Program Budget or providing the requested assistance would result in the expenditure of a significant amount of the Program Budget that would prevent the Tribe from fulfilling a sufficient number of other Tribal Member requests for Emergency Assistance;
- A more efficient and reasonable means of achieving adequate Assistance is available;
- Achieving the requested Assistance is impractical or unlawful;
- The Tribe lacks the necessary resources to provide the requested Emergency Assistance in a safe and adequate manner; or
- You have a more recent history of receiving Emergency Assistance from the Tribe than other Applicants;
- For any other non-discriminatory reason.

**IMPORTANT NOTICE:**

Receiving assistance from an approved Tribal Assistance Program could impact your ability to qualify for or receive other benefits or assistance from the state or federal government. Please check with your local agency providing state or federal benefits to determine the impact, if any, of receiving assistance from an approved Tribal Assistance Program.

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**TRIBAL LAW & ORDER CODE**  
**TITLE 8, CHAPTER 1, SECTION 307**  
**APPEALS AND REMEDIES**

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**§ 307 Appeals and Remedies.**

- A. Right to Appeal. Any Applicant who has submitted an Application or any Beneficiary of Assistance shall have the right to appeal to the Tribal Court of the San Juan Southern Paiute Tribe, provided that the Tribal Court shall only have jurisdiction to address appeals alleging that the Constitution and/or the Law & Order Code has been violated.
- B. Where to File the Appeal. All appeals shall be filed with the Tribal Court pursuant to the appeal procedure established in Title 5 of the Law & Order Code.
- A. When to File Appeal. All initial appeals pursuant to this Article shall be filed within 30 days of the receipt of a notice informing the Applicant that their Application for assistance under a Tribal Program pursuant to this Title has been rejected or within 30 days of an alleged violation of the Tribal Constitution and/or the Law & Order Code.
- B. Remedies. With regard to appeals made pursuant to this Section, the Tribal Court shall have the jurisdiction to order compliance with the Tribal Constitution and/or Law & Order Code. Decisions of the Tribal Administration or Tribal Council shall only be set aside if arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.

*[Legislative History: Enacted by Resolution No. 2018-72, 10/5/2018]*

**NOTICE:**  
**INCOMPLETE APPLICATIONS WILL NOT BE**  
**PROCESSED**

If you do not submit a complete application:

1. A Notice will be mailed to you that informs you that your application is incomplete and it will request that you submit the items needed to complete the application.
2. If the Applicant does not provide a response within 30 days from the date of the notice, the Application shall be automatically dismissed. Any original documents will be mailed back to the last address provided on the Application.
3. If your application is dismissed for failure to timely submit the requested documentation, you will be required to submit a new application with all the appropriate documentation in order to reapply for Assistance.

**ALL APPLICATIONS MUST BE SUBMITTED BY**  
**MAIL OR HAND-DELIVERED TO:**

San Juan Southern Paiute Tribe  
ATTN: Emergency Assistance Application  
67 NW Maple St.  
Tuba City, Arizona 86045

*You are responsible for ensuring that your application documents are delivered to the Tribe. It is recommended that if you are mailing your documents that you send them by Certified Mail – Return Receipt Requested or by Federal Express.*

**TO TRACK THE PROGRESS OF YOUR APPLICATION,**  
**CONTACT THE TRIBE AS FOLLOWS:**

Mail: San Juan Southern Paiute Tribe  
ATTN: Tribal Administrator  
67 NW Maple St.  
Tuba City, Arizona 86045

Phone: 928-212-9794  
Fax: 928-233-8948  
Email: [k.barlow@sanjuanpaiute-nsn.gov](mailto:k.barlow@sanjuanpaiute-nsn.gov)

## **EMERGENCY ASSISTANCE APPLICATION CHECKLIST:**

Use this Checklist to make sure you have submitted all required documentation with the Application.

- Emergency Assistance Application**
  - Complete, sign and date the Emergency Assistance Application. Note: There are two places to sign the Application.
  
- Household Member Addendum**
  - Complete a Household Member Addendum for each person who lives in your household over the age of 18.
  
- Proof of Emergency**
  - Provide documents that verify that the assistance being requested is in fact an emergency: a copy of the eviction notice, outstanding rental or lease payments, photographs of the disaster for which assistance is being requested, etc.
  
- Authorization and Consent to Release of Information for Tribal Assistance Programs**
  - Complete the Authorization and Consent to Release of Information and sign before a notary.
  
- Copy of Driver's License or State Issued Identification Card**
  - Provide a copy of your driver's license or state issue identification card. If you do not have one of these, provide a copy of your Tribal Identification Card.
  
- Other Supporting Documents**
  - The Tribe may request additional supporting documents or information from Applicant based upon the type of request and information provided in the Application.

# SAN JUAN SOUTHERN PAIUTE TRIBE



**FOR OFFICIAL USE ONLY**

Date Rec'd: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

## EMERGENCY ASSISTANCE APPLICATION

*Approved by Tribal Council Resolution No. 2019-03 dated January 18, 2019*

*Fill out application entirely and complete in black or blue ink only.*

### SECTION 1: APPLICANT INFORMATION

Biographical Information			
Full Name (First Middle Last):			
Maiden Name or Other Names:			
Date of Birth: ____/____/____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: City:	State:		
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			
Social Security #: _____ - ____ - _____	Tribal Enrollment #:		
Driver's License or State ID #:	State of Issue:		
Mailing Address (P.O. Box or Street):			
City:	State:	Zip Code:	
Physical Address (if no street address, provide major cross streets / intersections):			
City:	State:	Zip Code:	
<i>Location of Residence: For Applicant's without a physical address for their residence, use the space below to map the location of your primary residence showing major cross streets / intersections:</i>			
Home Phone: (     )     -     _____	Cell Phone: (     )     -     _____		
Email Address:			
Emergency Contact Name:	Phone: (     )     -     _____		

**SAN JUAN SOUTHERN PAIUTE TRIBE  
EMERGENCY ASSISTANCE APPLICATION**

<b>Employment Information</b>	
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
If YES, name of employer and job title:	
Address of employer (if any):	
How long have you been at this job?	_____ years _____ months _____ weeks
If NO, how long unemployed:	_____ years _____ months _____ weeks
Reason for unemployment:	
Name of last employer:	
What job(s) do you have skills for?	

<b>Current Income and Tax Information</b>	
Wages earned from employment (before taxes):	\$ _____ / per month
Welfare/TANF assistance:	\$ _____ / per month
Court ordered child support:	\$ _____ / per month
Social Security Benefits:	\$ _____ / per month
Type of Social Security Benefits (retirement, SSDI, SSI):	
Unemployment benefits:	\$ _____ / per month
All other income from any other source(s):	\$ _____ / per month
Name(s) of other source(s) of income:	
When was the last year that you filed a federal income tax return?	
Was your income reported to you on: <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> Other: _____	
Do you currently owe any federal or state taxes that are overdue? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 2: HOUSEHOLD MEMBER INFORMATION**

<b>Household Member Information For Household Members Over the Age of 18</b>
<p>For each member of your household over the age of 18, please fill out a <b>HOUSEHOLD MEMBER ADDENDUM</b> (<i>provided at the end of this Application</i>) and submit with this Application. Household Members include those who permanently live with you at your current residence. They may also include those who are <b>temporarily absent</b> from the home due to school, work or medical reasons, but who can demonstrate that the residence is their intended permanent home. For each member of your household under 18 fill in the information below.</p>

**SAN JUAN SOUTHERN PAIUTE TRIBE  
EMERGENCY ASSISTANCE APPLICATION**

Household Member Information For Household Members Under the Age of 18			
Name	Date of Birth	Social Security Number	Member of SJSPT
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 3: TYPE OF EMERGENCY ASSISTANCE REQUESTED**

**EMERGENCY ASSISTANCE** – In the space below please describe in detail the exact nature of the emergency and the assistance you are requesting:

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**SAN JUAN SOUTHERN PAIUTE TRIBE  
EMERGENCY ASSISTANCE APPLICATION**

**SECTION 4: PREVIOUS ASSISTANCE and CONFLICT OF INTEREST  
STATEMENT**

Previous Assistance and Conflict of Interest Statement
Have you or any member of your household ever received Emergency assistance from the San Juan Southern Paiute Tribe? <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
If YES, in what year(s) assistance was provided:
If YES, describe the assistance provided:
Do you or your spouse have any immediate relative(s) (e.g. <i>parents, grandparents, children, brothers, sisters</i> ) presently working for or holding office with the San Juan Southern Paiute Tribe? <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
If YES, provide the name(s) of relative(s), and their relation to you:

<i>For Tribal Use Only:</i>
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**SAN JUAN SOUTHERN PAIUTE TRIBE  
EMERGENCY ASSISTANCE APPLICATION**

**HOUSEHOLD MEMBER ADDENDUM  
TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18**

RESIDENT # \_\_\_\_ [insert number]

<b>Biographical Information</b>	
Full Name (First Middle Last):	
Relationship to Applicant:	
Date of Birth: ____/____/____	Age: ____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #: ____ - ____ - ____	
Enrolled Member of San Juan Southern Paiute Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Tribal Enrollment Number?	
Enrolled Member of another Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, name of other Tribe?	
Is this Resident Temporarily Absent from the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, state reason why absent: _____ Date of expected return: _____	
<b>Employment Information</b>	
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
If YES, name of employer and job title:	
If NO, how long unemployed:	____ years ____ months
Reason for unemployment:	
Name of last employer:	
<b>Income Information</b>	
Wages earned from employment (before taxes):	\$ _____ / per month
Welfare/TANF assistance:	\$ _____ / per month
Court ordered child support:	\$ _____ / per month
Social Security Benefits:	\$ _____ / per month
Type of Social Security Benefits (retirement, SSDI, SSI):	
Unemployment benefits:	\$ _____ / per month
All other income from any other source(s):	\$ _____ / per month
Name of other source(s):	

**SAN JUAN SOUTHERN PAIUTE TRIBE  
EMERGENCY ASSISTANCE APPLICATION**

**APPLICANT CERTIFICATION**

I certify that the information and supporting documents provided with this Application are accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable by law and may result in the Tribe seeking to recover the assistance provided to me and/or refusing to provide any future assistance to me in addition to any other remedies available to the Tribe. I also understand that providing false statements or information is grounds for immediate termination of assistance.

I certify that if I receive assistance, I will meet the requirements of the type of assistance provided to me as stated in the Assistance Program Handbook. I understand that if I fail to meet the requirements of the Assistance Program, that the Tribe may seek to obtain repayment of the assistance provided to me.

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Signature of Applicant

Date

**AGREEMENT AND AUTHORIZATION TO SAN JUAN SOUTHERN PAIUTE TRIBE  
FOR RECOVERY OF ASSISTANCE PAYMENTS FROM OTHER SOURCES OF  
TRIBAL INCOME FOR VIOLATION OF TERMS AND CONDITIONS OF  
ASSISTANCE PROGRAM**

I understand and agree that in the event I violate the requirements of the Emergency Assistance Program, that the San Juan Southern Paiute Tribe is authorized to garnish any future sources of income that are due to be paid to me by the Tribe, including, but not limited to, wages, stipends, reimbursements, and/or per capita payments, to recover the value of any assistance provided to me by the Tribe under this Program. By signing, I am providing advance authorization to the Tribe to garnish such payments in the event the Tribal Court determines that I have violated the requirements of the Emergency Assistance Program and has set an amount that is due and payable by me to the Tribe.

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Signature of Applicant

Date

**PRIVACY ACT NOTICE**

THE INFORMATION PROVIDED IN THIS APPLICATION IS TO BE USED BY THE SAN JUAN SOUTHERN PAIUTE TRIBE OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PARTICIPANT OR BORROWER UNDER THE ASSISTANCE PROGRAM. IT IS NOT TO BE DISCLOSED TO ANY OUTSIDE AGENCY EXCEPT AS REQUIRED OR PERMITTED BY LAW. THE INFORMATION PROVIDED IN THIS APPLICATION MAY BE AGGREGATED BY THE TRIBE WITH OTHER TRIBAL DATA FOR STATISTICAL INFORMATION AND ANALYSIS PURPOSES.

**SAN JUAN SOUTHERN PAIUTE TRIBE  
 AUTHORIZATION AND CONSENT TO RELEASE OF INFORMATION  
 TRIBAL ASSISTANCE PROGRAMS**



Applicant's Printed Name:	
Birthdate:	
Mailing Address:	
City, State, Zip Code:	
Phone #:	
Email:	

To Whom It May Concern:

As a Tribal Member of the San Juan Southern Paiute Tribe, I have applied for assistance from one of my Tribe's Assistance Programs. As part of my application, the San Juan Southern Paiute Tribe must review my current income and benefits from various sources. I am providing this Authorization and Consent to Release of Information in order to assist my Tribe in obtaining verification of my current income and benefits. My request to release information also includes any associated Protected Health Information that may be related to my various sources of income or benefits I currently receive from another institution or government agency.

By signing below, I hereby authorize the release of information from other institutions and agencies, including, but not limited to, state and federal benefits programs, to the San Juan Southern Paiute Tribe, for the purpose of the San Juan Southern Paiute Tribe evaluating my application for assistance. Release of the information should be provided to:

San Juan Southern Paiute Tribe  
 ATTN: Tribal Assistance Program – [insert name of Applicant]  
 P.O. Box 2950  
 Tuba City, Arizona 86045  
 Phone (928) 212-9794 ~ Fax (928) 233-8948

This Authorization and Consent to Release of Information shall be valid for one (1) year from the date I have signed below.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

STATE OF \_\_\_\_\_ )  
 ) ss.  
 County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged that s/he executed the same for the purpose therein contained.

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_