

**NITH EMERGENCY ASSISTANCE PROGRAM APPLICATION**

Application Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Nisqually Enrollment Number \_\_\_\_\_

Telephone number: home \_\_\_\_\_ work \_\_\_\_\_

**PROPERTY INFORMATION**

Address \_\_\_\_\_

Date of Home Purchase \_\_\_\_\_ Age of Structure \_\_\_\_\_

Number Residing in Household \_\_\_\_\_

The emergency item(s) that need to be addressed in my home are:

\_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD COMPOSITION**

(List the head of your household and all persons who live in your home.)

FULL NAME	RELATIONSHIP	AGE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

The information provided above is true and complete to the best of my knowledge. I consent to the disclosure of such information for purposes of verification related to my application for assistance. I understand that any willful misstatement of material fact will be grounds for disqualification.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date