

ELDERS EMERGENCY SITUATION PROGRAM APPLICATION

Application Date _____

Applicant's Name _____ Nisqually Enrollment Number _____

Telephone number: home _____ work _____

PROPERTY INFORMATION

Home Owner: _____

Address _____

Number Residing in Household _____

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

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

Office Use:

Management Approval (Director/Assist. Director) Date

Approved

Denied