Nez Perce Tribe Financial Assistance FY25

Social Services Department

P.O. Box 365 Lapwai, ID 83540

208-843-2463 Fax: 208-843-7364

EMAIL: tariciam@nezperce.org

FY 25

Instructions: Please complete application and attach documentation of everyone in the household age 18 years and older:

☐ Tribal Enrollment (if not on file) ☐ Documentation of need (utility bill, rent statement, etc.)

☐ Verification of Income unless 62 or older

Federal Poverty guidelines at 133% shall be applied. ALL verifications are required with each application. INCOMPLETE APPLICATIONS WILL BE DENIED. Nez Perce tribal members are allowed one grant per fiscal year beginning 10/1/24 and ending 9/30/25.

Checks and Purchase orders will be processed within 10 working days.

Date: ____________________

Applicant Name:______________________________Phone:___________________ Enrollment #:_______ Birthdate:_________________

Mailing Address: ____

City/State/Zip:____

Household Members	Age	Tribe	Enrollment Number	Income Source	Total Monthly Income *Please attach
SELF		NEZ PERCE			

Are you Homeless? YES NO ☐ Direct Deposit: Bank__________________ Routing #_______________________ Acct#______________

I wish to apply for $______________ Reason for request: ____

Name of Vendor:____

CERTIFICATION: I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of felony by knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I, therefore, certify the foregoing information is true and complete to the best of my knowledge. I authorize inquires to be made to verify this statement is true. Funds or purchase orders received fraudulently or not used for approved purpose will result in applicant's ineligibility to receive Nez Perce Tribal Financial Assistance for 2 years from the date of last application. Applicant may be required to reimburse the Nez Perce Tribe for the amount of the Financial Assistance grant.

SIGNATURE:_______________________________________ **DATE:**___________________

REQUISITION

FINANCE/OFFICE USE ONLY

DEPARTMENT: SOCIAL SERVICES

RECOMMEND: APPROVED ☐ DENY ☐ INITIALS:______ DATE:________ **PURCHASE ORDER** ☐ **CHECK** ☐

FINANCIAL ☐ **ELDER** ☐ **BURIAL** ☐ VENDOR #_______ **Direct Deposit** ☐

1010.01.7045 **1010.27.7700** **1010.01.7040** **VENDOR:**______________________

Originating Employee:_________________________________

IF NEEDED ONLY

ACCOUNT # TO REFERENCE ON CHECK

____

AMOUNT: $___________

Immediate Supervisor:_________________________________

Accountant Initials:____________

133% FEDERAL POVERTY GUIDELINES

Household Family Size	$ Annual GROSS	$Monthly GROSS
1	$20,029.80	$1,669.15
2	$27,185.20	$2,265.43
3	$34,340.60	$2,861.72
4	$41,496.00	$3,458.00
5	$48,651.40	$4,054.28
6	$55,806.80	$4,650.57
7	$62,962.20	$5,246.85
8	$70,117.60	$5,843.13
9	$77,273.00	$6,439.42
10	$84,428.40	$7,035.70
11	$91,583.80	$7,631.98
12	$98,739.00	$8,228.27
13	$105,894.60	$8,824.55
14	$113,050.00	$9,420.83

Self-Declaration of Income

I, ______________________________ declare that my Household's monthly income is $__________.

I certify that information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Signature: _________________________________ Date:_______________

Fair Hearing Process:

All applicants who are denied based on the established criteria shall receive notification of denial of their application and reason for denial within 20 days after the date of receipt of their application. If denied, the applicant may appeal in writing within 15 days to the Social Services Manager to review the decision. The social services manager will uphold or reverse denial within 10 days.

If the applicant is not satisfied with the decision, the applicant may submit in writing their appeal to the social services manager to present at the next Human Resource Subcommittee. Any denial based on closure of line item/lack of funds may not be appealed.

Please turn in receipts for Purchase Orders