



NEZ PERCE TRIBE

SOCIAL SERVICES DEPARTMENT
FINANCIAL ASSISTANCE

FY 27

BEFORE YOU SUBMIT

Please complete the application and attach documentation for each household member age 18 or older:

- ☐ Tribal enrollment (if not on file) ☐ Documentation of need (utility bill, rent statement, etc.)
☐ Verification of income unless age 62 or older

133% Federal Poverty Guidelines apply. All required verifications must be submitted with each application.

Incomplete applications will be denied. One grant per fiscal year. Checks/purchase orders process within 10 working days.

1 APPLICANT INFORMATION

Date	Applicant Name	Phone
Enrollment #	Birthdate	Mailing Address
City / State / ZIP		
☐ Homeless: YES ☐ NO		

2 HOUSEHOLD INFORMATION

Household Member	Age	Tribe	Enrollment #	Income Source	Monthly Gross
SELF		NEZ PERCE			

* Attach income verification for household members age 18+ unless age 62 or older.

3 ASSISTANCE REQUEST

Amount Requested	Vendor Name
Reason for Request	



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CERTIFICATION | INCOME GUIDELINES | OFFICE USE

4 CERTIFICATION & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that knowingly making false or fraudulent statements may be subject to penalties under Title 18, Section 1001 of the United States Code. I authorize inquiries to verify the information provided. Funds or purchase orders received fraudulently or not used for the approved purpose may result in ineligibility for Nez Perce Tribal Financial Assistance for two years from the date of the last application and may require reimbursement to the Nez Perce Tribe.

Applicant Signature

Date

5 133% FEDERAL POVERTY GUIDELINES - 2027 HHS GUIDELINES

For the 48 contiguous states and D.C. | Used here at 133% of the 2026 HHS poverty guideline.

HH Size	Annual Gross	Monthly Gross
1	\$21,226.80	\$1,768.90
2	\$28,781.20	\$2,398.43
3	\$36,335.60	\$3,027.97
4	\$43,890.00	\$3,657.50
5	\$51,444.40	\$4,287.03
6	\$58,998.80	\$4,916.57
7	\$66,553.20	\$5,546.10

HH Size	Annual Gross	Monthly Gross
8	\$74,107.60	\$6,175.63
9	\$81,662.00	\$6,805.17
10	\$89,216.40	\$7,434.70
11	\$96,770.80	\$8,064.23
12	\$104,325.20	\$8,693.77
13	\$111,879.60	\$9,323.30
14	\$119,434.00	\$9,952.83

6 SELF-DECLARATION OF INCOME

I, declare that my household's monthly income is

I certify that the information above is complete and accurate to the best of my knowledge.

I understand that knowingly providing false information may result in assistance for which I am not eligible.

Signature

Date

FINANCE / OFFICE USE ONLY

☐ APPROVED	☐ DENIED	Initials	Date	☐ Purchase Order	☐ Check
☐ Financial	☐ Elder	☐ Burial	Vendor #	Amount \$	
Originating Employee	Supervisor				

Fair Hearing: Denial notice within 20 days; appeal in writing within 15 days. Manager decision within 10 days.
Further appeal may go to Human Resource Subcommittee. Lack-of-funds denials may not be appealed. Turn in PO receipts.