

Date of Application pick up: _____



HOOPA VALLEY TRIBAL TANF PROGRAM
PO Box 728, Hoopa, California 95546
530-625-4816 phone/530-625-4826 fax

Pandemic Emergency Assistance Fund Checklist

Please check all that have been completed:

- _____ **California Driver License (CDL) or California Identification (CA ID):** Proof of valid California DL or CA ID cards or verification by California DMV that you recently applied will be required for all adults that live in the household.
- _____ **Tribal Verification/ Certificate of Blood Degree:** Proof of enrollment for all Family Unit Members that apply or complete the Tribal Enrollment form.
- _____ **Social Security Cards:** Social Security card(s) or proof that you have recently applied (i.e., new baby) for Social Security card(s) will be required for everyone that lives in the household.
- _____ **Birth Certificates:** Certified copies of birth certificates will be required for all Family Unit Members. Exceptions will be made for newborn children; hospital certificates will be allowed up to 30 days.
- _____ **Certified true statement:** Why applying for aid and what need is.
- _____ **Proof of Income:** Any income that is received by any member living in the household. (i.e., SSI, Unemployment benefits, Disability, per capita payments, Child Support, Casino Winnings, etc.)
- _____ **Any Bills:** To show need of assistance.
- _____ **Residency Statement Form:** Confirmation of where you live.



PANDEMIC EMERGENCY ASSISTANCE FUND (PEAF)

Please print all information and fill out completely; failure to do so may cause your application to be denied. Date: _____

Before completing this form: In order to qualify for services, you must meet **all** of the following requirements: **1.** Your household must have at least one Native American minor in the home; **2.** Your household must be at or below the 300% Federal Poverty Guideline levels and one person in the household must be experiencing at least one of the At Risk Indicators in Section III.

First Name:	Last Name:	E-Mail:
Street/Mailing Address:	City:	Zip Code:
Evening Phone:	Mobile Phone:	Day Phone:
County:		

Section II: Family Information

Family Type: <input type="checkbox"/> 1 – Parent <input type="checkbox"/> 2 – Parent <input type="checkbox"/> Relative Home	Current HVTTT Cash Aid Family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently receiving County Cash Assistance Including CalWORKS & Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Number in Household:	Number of Dependents under 18:	

Annual Family Gross Income: To the best of your knowledge, please note your family's annual gross income here: \$ _____

List all family members in your household	Tribal Affiliation	Gender	Date of Birth	Social Security Number	Relationship
					SELF (person completing this form)

Section III: At-Risk Indicators - All Heads of Household must mark at least One At-Risk indicator for the household

Please check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Unemployment/loss of income
<input type="checkbox"/> Medical treatment
<input type="checkbox"/> Increase use/cost of utilities
<input type="checkbox"/> Increased food consumption costs
<input type="checkbox"/> Increased cost of supplies/goods
<input type="checkbox"/> Increased fuel/energy costs
<input type="checkbox"/> Increased childcare costs
<input type="checkbox"/> Domestic violence victim/survivor
<input type="checkbox"/> Public Safety Power shut off (PSPS) | <input type="checkbox"/> Homelessness/risk of homelessness
<input type="checkbox"/> School/childcare closures
<input type="checkbox"/> Living in unstable/unsafe living environment
<input type="checkbox"/> Being a member of low-income family
<input type="checkbox"/> Increased shelter expenses
<input type="checkbox"/> Damage or loss of use of property due to:
<input type="checkbox"/> Moving/relocation costs _____
<input type="checkbox"/> Living in a community with a shortage of supplies
<input type="checkbox"/> Evacuation due to: | <input type="checkbox"/> Experiencing substance abuse/mental
<input type="checkbox"/> School/childcare closures
<input type="checkbox"/> Divorce or family separation
<input type="checkbox"/> School/childcare closures |
|---|---|---|

Signature

Date

Print Name



PANDEMIC EMERGENCY ASSISTANCE FUND (PEAF)

AFFIDAVIT

APPLICANT INFORMATION	
Name	
Address	
Date of Birth	
Social Security Number	

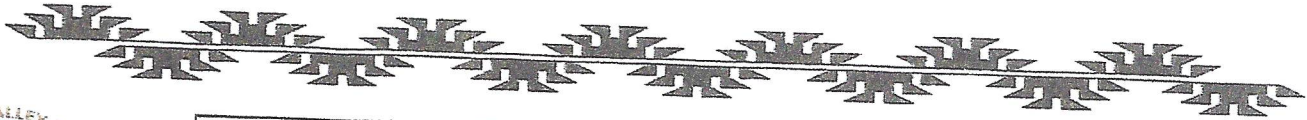
ACKNOWLEDGEMENT AND AGREEMENT

In making this application for HVTTP Non-Recurring Short-Term Benefits for Pandemic Emergency Assistance Fund (PEAF), I certify under penalty of perjury:

1. That my family and I reside in an identified service area for emergency assistance.
2. If I reside outside the Hoopa Valley Reservation, I have attached proof of being a Hoopa Tribal Member.
3. That an eligible Native American/Alaskan Native child resides in my home at the listed address.
4. That all information on this document and the Pandemic Emergency Assistance Fund form is truthful and accurate.
5. I understand that HVTTP and its agents may investigate the accuracy of my statements and will require me to provide supporting documentation, to include but not limited to: photo identification, birth certificates, Social Security cards, tribal affiliation, residency and income verification.
6. I am willing to provide any and all supporting documents and answer all application related inquiries in a timely manner.
7. I am not on a County cash assistance program (including CalWORKs and/or Foster Care).
8. I have not received Pandemic Emergency Assistance Funds (PEAF) from another Tribal TANF program.
9. I am attaching my certified True Statement to explain my crises and how my family is affected.

Applicant Signature & Date

Witness Signature & Date



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Certified True Statement

Name: _____

Phone# _____

Address: _____

CIF# _____

I hereby certify, under penalty of perjury under the laws of the State of California and the Hoopa Valley Tribe that all statements, answers, and representations on this form, and all attachments, are true, complete, and accurate.

 Participant Signature-Head of Household

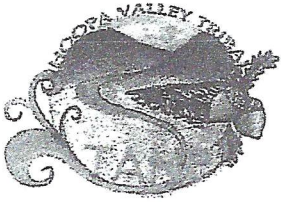
 Date and Place Signed

 Participant Signature

 Date and Place Signed

 Signature of Witness

 Date



Hoopa Valley Tribal TANF Program

RESIDENCY DECLARATION FORM

Name: _____

Date: _____

Address: _____

Home Phone: _____ Cell phone: _____

I, _____ hereby declare that I physical reside at

_____ located on the Hoopa Valley Reservation.

Head of Household Signature: _____ Date: _____

HVTTP Representative: _____

2021 Federal Poverty Guidelines

Effective Jan 13, 2021

Annual Income

# of Persons in Household Income Family size of	200%	300%	400%
2	\$ 34,840.00	\$ 52,260.00	\$ 69,680.00
3	\$ 43,920.00	\$ 65,880.00	\$ 87,840.00
4	\$ 53,000.00	\$ 79,500.00	\$ 106,000.00
5	\$ 62,080.00	\$ 93,120.00	\$ 124,160.00
6	\$ 71,160.00	\$ 106,740.00	\$ 142,320.00

Monthly Income

# of Persons in Household Income Family Size of	200%	300%	400%
2	\$2,903.00	\$4,355.00	\$5,807.00
3	\$3,660.00	\$5,490.00	\$7,320.00
4	\$4,417.00	\$6,625.00	\$8,833.00
5	\$5,173.00	\$7,760.00	\$10,347.00
6	\$5,930.00	\$8,895.00	\$11,860.00