



**INSTRUCTIONS:** COMPLETE & RETURN THIS ENTIRE APPLICATION PACKET.  
DELIVER, FAX OR MAIL YOUR COMPLETED PACKET (including this page) TO:

PIT RIVER TRIBAL SOCIAL SERVICES  
DEPARTMENT  
36970 Park Ave.  
Burney CA 96013

Telephone: (530) 335-5421

Fax: (530) 335-6340

Email: [ssintake4@pitrivertribe.org](mailto:ssintake4@pitrivertribe.org)  
[ssintake2@pitrivertribe.org](mailto:ssintake2@pitrivertribe.org)

**Office Hours:** 8:00 AM- 5PM Mon-Fri. (Except Holidays) (Closed 12:00 PM to 1:00 PM for lunch)

Pit River Social Services EMERGENCY Assistance Rental and Utilities cost are required to give preference in its U.S. Department of Treasury Emergency Rental/Utilities Assistance funded programs to Native American households. Non-natives are allowed to participate but only after Native American applicants have been housed. All programs listed below are funded under these regulations. Rent is based on income (No Mortgage Payments are allowed under this program funding). All vacancies are filled from a Wait List.

**DUE TO LIMITED FUNDING**  
**THIS ROUND OF FUNDING IS ONLY AVAILIABLE TO ELIGIBLE**  
**HOUSEHOLDS WHO WERE NOT RECEIPTS OF THE FIRST ROUND**  
**OF ERA FUNDING.**

**THIS IS A ONE TIME ASSISTANCE OF \$500 TO ELIGIBLE HOUSEHOLDS.**

Please Select only **ONE** option:

- EMERGENCY RENTAL ASSISTANCE** *(available only to Native American households)*
- EMERGENCY UTILITIES ASSISTANCE** *(available only to Native American households)*
- EMERGENCY SHELTER** *(available only to Native American households)*

**EMERGENCY ASSISTANCE APPLICATION CHECK LIST**

*The sooner you provide this information, the faster we can assist you.*

**Failure to provide the information will result in determining your application as incomplete.**

We recommend that you retain all documentation so that your application can be processed in a timely manner.

**Please include these items for ALL household members.**

- Completed, legible application with signatures**
- Most recent paystubs:** covering two months prior of date of application, or a printout from your employer
- All additional sources of income:** (e.g., wage statement, interest statement, unemployment compensation statement) Native dividends, public assistance, senior care, Social Security, VA, pensions, annuity, IRA, etc.
- Current landlord(s) and or Utility Company Information:** Name and address and telephone number for the landlord/utility company, along with your physical address. And current W-9 form filled out by your landlord/utility company.
- Pit River Tribal Certification:** Tribal Enrollment Card, Tribal Certification from the Pit River Tribe
- COVID Statement:** how has COVID directly or indirectly impacted your livelihood.

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**An incomplete application will delay your eligibility.**

**When will I hear about my application?**

You will be notified of your eligibility. Questions about your application can be answered by calling (530) 335-5421 Social Services Department or email Social Service Staff: [ssintake4@pitrivertribe.org](mailto:ssintake4@pitrivertribe.org) or [ssintake2@pitrivertribe.org](mailto:ssintake2@pitrivertribe.org)

Pit River Social Services (PRSS) is required to give preference to Native American families/households. Non-Native American families are allowed to participate; however, Native American families will be given preference.

**Application Process:** We will conduct a preliminary evaluation of your completed application. PRSS will notify you in writing/email, and/or phone call of preliminary acceptance or denial of your application. If accepted, your name will be placed on a Waitlist based on the date and time your application was received, together with all supporting documents. Preliminary acceptance of your application only establishes a placement on our Waitlist, and does not guarantee your approval or payments. This is based on completed applications and funding sources.

**Failure to comply with this process will result in termination from the program.**

- **Instructions: Please print legibly. Complete all information, or indicate N/A if it does not apply.**
- **Failure to provide information may cause your application to be denied.**

**1. Applicant Information (head of household):**

Full legal name: \_\_\_\_\_

Sex: M\_\_\_F\_\_\_ Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Are you a U.S. Citizen? Yes No Are you a Native American? \_\_\_Yes\_\_\_No

Marital Status: \_\_\_\_\_ if you are married, is your spouse the co-applicant? \_\_\_Yes\_\_\_No

Current mailing address: \_\_\_\_\_

Current Physical residence address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of current Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ Employer's mailing address: \_\_\_\_\_

Employer's Phone Email: \_\_\_\_\_

Current Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

- List **all** other people who will live in the home with you. Use additional paper if necessary. Print legibly:

First & last name	Date of birth	Sex: M or F	Social security number	Relationship to head of household

2. **Household Income:** Please indicate your gross monthly household income for **all adult wage earners**. State the amount earned before taxes and other withholdings: -

\_\_\_\_\_

\$\_\_\_\_\_ Per month for (household member's name)

Source of this income (wages, child support, public assistance, dividends, etc.): -

\_\_\_\_\_

\$\_\_\_\_\_ Per month for (household member's name)

Source of this income (wages, child support, public assistance, dividends, etc.):

\_\_\_\_\_

**Other household income (describe or provide detail for all other income-such as PFD, insurance settlements, unemployment compensation, worker's compensation, pension or retirement, etc.):**

Please answer all of the following questions, and provide detail as needed. If you need to provide an explanation, use additional pages if necessary. False or incomplete information may be considered as fraud and carries serious consequences that can include fines or imprisonment.

3. What tribe is your household a member of? \_\_\_\_\_

4. Have you or a member of your household ever participated in a federally subsidized housing program? \_\_\_\_\_ YES or NO \_\_\_\_\_

Name of Housing Authority: \_\_\_\_\_

If yes, provide dates: \_\_\_\_\_

Address of Housing Authority: \_\_\_\_\_

Do you or a member of your household owe money to a current or a past landlord, including any other Housing Agency or Housing Authority? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please state to whom you owe and explain: \_\_\_\_\_

5 Child care costs: \_\_\_\_\_

If you have children under age 13, do you pay for childcare in order to work or attend school?

\_\_\_\_\_ YES \_\_\_\_\_ NO if yes, we may be able to factor these costs when calculating your income.

Provide the name and phone number of your child care provider, **briefly** describe the expenses & attach proof: \_\_\_\_\_

**CERTIFICATION, CONSENT, AND AUTHORIZATION:**

I certify that the information I have provided to Pit River Social Services in this application is true and correct. I understand that my current and former employers, landlords, and references will be contacted. I authorize, and I consent to and authorize Pit River Social Services to verify any and all information provided here.

I agree that Pit River Social Services may terminate any agreement with me, including an application. If I have made a false statement or am aware of a false statement in this application. I authorize a photocopy of my signature below to be used and accepted as though it were an original signature.

Applicant's signature: \_\_\_\_\_

Printed name of applicant: \_\_\_\_\_

Date signed: \_\_\_\_\_

We collect non-public personal information about you from the following sources:

- \* Information we receive from you on applications or other forms;
- \* Information about your transactions with us or others; and
- \* Information we receive from others, such as an employer.

We do not disclose non-public personal information about you to anyone except as authorized by you or permitted by law.

If you decide to close your account(s) or become an inactive client, we will adhere to the privacy policies and practices as described in this notice.

To maintain client information security, we restrict access to your personal and account information to those employees who need to know that information to provide you with our products and/or services. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your non-public personal information.

Your confidence in us is important, and we want you to know that your personal and account information is safe. If you have any questions or concerns, please contact us:

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