

NATURAL DISASTER ASSISTANCE GUIDELINES

The intent of this assistance is to aid privately home ownership families with immediate needs in the event of total loss of their home due to unexpected events such as a fire or natural disasters (flooding or tornado). All other requests such as home repair and other preventative measures will be referred to their respective districts.

Natural Disaster Assistance will be one time only with the guidelines as follows:

Eligibility

1. If the tribal member is a homeowner he/she must be living in the home at the time of the event.
2. If the tribal member is a renter he/she must be the head of household on the lease agreement.

(Assistance will not be granted to both the homeowner and renter. Assistance will only be granted to the individual living in the home at the time of the event).

3. In the event there is more than one family living in the home in addition to the primary family (head of household) their request will be referred to their respective district.
4. Loss of home is defined as, complete loss of home due to unexpected fire/natural disasters (flooding or tornado).

(Situations such as molding problems, water seepage, etc. are considered as ongoing problems are not considered as unexpected events creating a loss of home)

Ineligible

1. All individuals living within Sisseton-Wahpeton Housing Authority managed units

PLEASE PRINT CLEARLY

**Emergency Management Services
Application for Assistance**

Checklist

In order for your application to be reviewed please ensure the following documentation is attached.

1. Verification of lease rental or home ownership
2. Proof of enrollment number
3. Verification from Fire Marshall/Insurance Agency
4. Home Owners/Renters Insurance Papers

PLEASE PRINT CLEARLY

Emergency Management Services
Application for Assistance

DATE: _____

NAME: _____

HOME ADDRESS: _____

OWN HOME
RENT

TRIBAL ENROLLMENT NUMBER: _____

DISTRICT: _____

MARRIED
SINGLE

NUMBER OF DEPENDENTS: _____

SPOUSE NAME: _____

DISABLED
YES
NO

TYPE OF EMERGENCY: _____

DESCRIPTION: _____

LIST EACH HOUSEHOLD MEMBER:

NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____

Relationship

OFFICE USE ONLY		APPROVED BY: _____			DENIED BY: _____	
Received by:						NOTES:
Amount:						
Check Number						

Applicant Signature _____

Date _____

**SWO Natural Disaster and Fire
Emergency Assistance Intake**

Person taking report, date and contact info: _____

Applicants name and info: _____

Incident: (Please state what happened, who was at risk or involved, when and where this event took place)

What is your current situation: (Please state current lodging arrangements, how your life was affected, emergency medical care needs, do you need food or clothing?)

What agencies have already been contacted and what steps have already been taken?

Tribal and Non-Tribal:
