



N.R.S.T. Emergency Assistance Application

Non-Recurring Short Term Emergency Assistance Application

↓ Complete & Return to Pechanga TANF Staff ↓

Purpose: Non-Recurrent Short Term, Emergency Assistance (NRST) may be, provided to help a family that is without income due to a crisis, epidemic, or natural disaster to meet their basic needs.

HOUSEHOLD INFORMATION:

Applicant Name:		SSN:	DOB:
Spouse/Partner Name:		SSN:	DOB:
Tribal Affiliation:	Enrollment No.	Home/Cell Phone:	
Do you live on the Pechanga Indian Reservation: <input type="checkbox"/> Yes <input type="checkbox"/> No or Do you live within Riverside or Orange County: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Physical Address: (City, State, Zip Code)		Mailing Address: (City, State, Zip Code)	

PLEASE LIST ALL MINOR CHILDREN RESIDING IN YOUR HOME:

Childs Name	Relationship	School Name	Social Security #	Date of Birth

INCOME AND RESOURCES:

Please tell us about your current earned income and employment situation, including self-employment, etc. Write unemployed or N/A if no employment within the last 30 days.

Employee Name	Employer Name/Address	Employer Phone#	Wages/Tips (Monthly Net Income)

Please tell us about any other sources of income you are currently receiving, including revenue sharing, unemployment benefits, child support, spousal support, and SSI. Write N/A if this does not apply to you.

Recipient Name	Income Type	Amount	Date Last Received	How Often (i.e. Monthly)

Have you or any household members applied and/or received Pandemic Emergency Assistance Funding (PEAF) in the past with Pechanga TANF, County or another Tribal TANF Program? ☐ YES ☐ NO If yes, list

Program Name:	Date Applied:	Date Last Received:
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INCOME TOTALS:

MONTHLY INCOME		MONTHLY EXPENSES		HOUSEHOLD TOTALS	
Earned Income:	\$	Home Mortgage/Rent	\$	Total Income:	\$
Unearned Income:	\$	Other Expenses	\$	Total Expenses:	\$
Total Income:	\$	Expenses:	\$	Differences:	\$



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EMERGENCY ASSISTANCE STATEMENT OF FACTS: (Print Clearly)

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information provided in this statement of facts is true, correct, and complete. I understand that falsification of any information is grounds for denial from the Pechanga Tribal TANF program. The penalty will include financial recovery of any emergency assistance provided to me, and a possible lifetime denial of Pechanga Tribal TANF services and assistance. I further understand that deliberate perjury can and may lead to prosecution in the court of law.

What is your current emergency or crisis? ☐ Natural Disaster ☐ Pandemic ☐ Evacuation ☐ Other (please explain below)

What is your family's emergency needs? ☐ Access to food ☐ Housing ☐ Utilities ☐ Lost Income
☐ Transportation ☐ Child Care ☐ Basic Needs ☐ Other (please explain below)

1. Did you become unemployed or lose your job due to the COVID-19 virus? ☐ YES ☐ NO

2. Did you experience a loss of income due to the COVID-19 virus? ☐ YES ☐ NO

3. Have you or your family been medically impacted by COVID-19 virus? ☐ YES ☐ NO

4. Have you experienced the loss of a family member due to COVID-19 virus? ☐ YES ☐ NO

5. Have you defaulted on your home mortgage, auto loan or any other loans? ☐ YES ☐ NO

How has the pandemic/crises affected your household, resulting in a crisis or episode of need? Please explain (attach statement if additional space is needed):

If you answered YES to question 1 or 2 above, please complete the information below.

Name of Employer: Address:

Name of Supervisor: Phone:

Last Day Worked: Last Day Pay Received:

Are you expected to return to work? ☐ YES ☐ NO If Yes, When?

Were you rehired or reemployed within the last six months? ☐ YES ☐ NO If Yes, When?

Are you expected to receive any additional payments? ☐ YES ☐ NO If Yes, When?

DISCLAIMER & CERTIFICATION

Submission of a NRST Emergency Assistance Request is not a guaranteed approval; PTPP has 10 days after receipt of a completed request, to approve or disapprove a request for crisis services. Failure to supply all needed documentation with a request will further delay processing.

X Applicant Signature:

Date:

NOTICE OF DECISION AND ACTION TAKEN

Tribal Affiliation of Eligible Child or Adult Verified: ☐ YES ☐ NO Service Area Eligibility Verified: ☐ YES ☐ NO

Determined Needy, Based on Income Guidelines: ☐ YES ☐ NO Experiencing an Emergency Situation: ☐ YES ☐ NO

Are All Eligibility Factors Met: ☐ YES ☐ NO Application Status: ☐ Approved ☐ Denied

Reviewed by Family Advocate: ☐ YES ☐ NO PTPP F.A. Signature:

Reviewed by Director: ☐ YES ☐ NO PTPP Director Signature:

Beginning Date of NRST Aid: Ending Date of NRST Aid: