

APPLICATION HELPING HAND PROGRAM
TRENTON INDIAN SERVICE AREA

Date _____

Name (Head of Household)

Social Security Number

Name (Spouse if applicable)

Social Security Number

Street Address

Mailing Address if different

Phone Number _____

Is the home a rental or homeowner? _____

Is the Head of Household the registered owner of the home? _____

Are all property taxes paid up to date? _____

(Proof of home ownership and property taxes must accompany this application)

Household Members: (list all members residing within the home)

NAME	Birthdate	Relationship	Tribal Affil

Annual Household Income: _____

(Proof of all household income must accompany this application)

Brief Discription of Need

I certify that the information given above is true, correct and complete to the best of my knowledge. I understand that knowingly giving false information may result in a fine, imprisonment or both. I acknowledge that I must pay back any benefis received as a result. I understand that I must provide proof and verification of income in order to become eligible for the Helping HAND Program.

Signature of Applicant

Date