

Documentation Requirements:

Emergency Assistance Application

Must be an enrolled member of the Winnebago Tribe

- Proof of income (applicant and spouse, if applicable)
- Tribal Enrollment (applicant)
- Bill / Invoice / Quote / Proof of Hardship
- Statement of Need

Must provide a proof of emergency (Eviction Notice, Disconnect, Etc.)

Social Services must be utilized before this option

Contact information:

Phone: (402)-257-5586 Fax: (402)-878-2228

Intake Clerk: Teonna Crowe

Email: Teonna.Crowe@winnebagotribe.com

Intake Clerk: Angel Doxey

Email: Angel.Doxey@winnebagotribe.com

Office Manager: Vanna Rave

Email: Vanna.Rave@winnebagotribe.com



Winnebago Tribe of Nebraska Emergency Assistance

Name: _____ Date _____
Last First Middle

Address: _____ PO Box _____

City _____ State _____ Zip Code _____

Birthdate: ____/____/____ Social Security Number _____ Age: ____ Phone # _____

Household Member	Relationship to applicant	Enrolled Winnebago?
	Self/Applicant	Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

Please describe your emergency or why you need assistance (i.e. rent, utility, vehicle repair)

If this request is for a bill, is your name on the bill? **YES** **NO**
 If no, whose name is on the bill? _____

Do you have income? YES NO **Please submit all income with application.**

I certify that the statements made on this application are true and correct to the best of my knowledge. I further understand that untrue or misleading statements may affect my eligibility for services.

Applicant Signature

Date

Other Signature/Significant other/Guardian

Date