

Please return completed form to Karuk Administration, 64236 Second Ave., Happy Camp, CA
ATTN: Erin Hillman; alternatively you can send an email to slaterhome@karuk.us

Date of Application: _____

APPLICANT INFORMATION:

Name: _____
 First M.I. Last
Date of Birth: _____ / ____ / ____ Social Security # _____

Marital Status:
Married: Single: Widowed: Widower: Other*:

*Please explain if you marked "Other" _____

Spouse Name: _____
 First M.I. Last
Date of Birth: _____ / ____ / ____ Social Security # _____

Mailing Address: _____
Physical Address: _____
Project Address (if different from physical address): _____

Phone Numbers:
Cell: _____ Home: _____

Are you a Member or Descendent of the Karuk Tribe? Yes No
Please provide Roll Number: _____

Is your spouse a Member or Descendent of the Karuk Tribe? Yes No
Please provide Roll Number: _____

Are you employed by the Karuk Tribe (or KTHA)? Yes No
**Please provide date of hire: _____

**To be eligible for this program as an employee you must have been employed by the Tribe for a minimum of three (3) years at the time of the fire (hired on or before September 9th, 2017).

OTHER HOUSEHOLD MEMBER INFORMATION:

List other members of your household that live with you on a permanent basis.

Name: First/Last/MI	Date of Birth MM/DD/YYYY	Social Security Number	Relationship to Applicant	Roll # if Applicable

HOUSING INFORMATION:

Is electricity available to the site?

Yes

No

If yes, provide name of provider.

Type of sewer system:

Septic Tank
 Outhouse

City System

Chemical Toilet

Type of Water Source

Private Well
 Other***

City Water

Community Tank

*** Please describe Other:

LAND INFORMATION:

Do you own the land on which you wish to rebuild your home?

Yes

No

Property Owners Name: _____

Please provide the location where the house will be built. You may draw a map and attach to this application or provide a copy of the parcel map.

APPLICANT CERTIFICATION:

Read this certification carefully before you sign and date your application. Sign in ink.

I certify that all the answers that I have given are true, complete and correct to the best of my knowledge and belief and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance and that false or misleading statements may constitute a violation of 18 USC 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless it is for obtaining other financial assistance related to this project, or unless an officer or employee of the Tribal Program or other agency requires it in performance of their duties.

 Applicant's Signature

 Date

 Spouse/Co- Applicant's Signature

 Date