PUYALLUP TRIBE OF INDIANS

Crisis Assistance Program (CAP) Application 2027

ELIGIBLE ADULT (18+) PUYALLUP TRIBAL MEMBERS ONLY

(Revised for Fiscal Year 2027)

A new signed application is required with each request.
All CAP requests must be for the Tribal Member's primary residence.
Assistance is one Tribal Member per household and/or address per fiscal year (October 1st-September 30th).
Multiple Tribal Members of the same household will not be granted CAP assistance in the same fiscal year if you've moved or separated.
CAP requires a completed W-9 form from who we are issuing payment to.

MOVE-IN/RENTAL ASSISTANCE: Completed CAP Move in Packet which includes a CAP Application, The Verification of Current Address form signed by the Tribal Member. The Intent to Rent form and W-9 form, these two documents are completed by Owner/Apartments/Management Company. CAP may request a copy of the Property Management Agreement.

RENTAL ASSISTANCE: Completed CAP Application, Lease Agreement (if CAP does not have it) and current Late Notice, Notice of Rent Due or Eviction Notice from The Owner/Apartment/Management Company.

*Any check will be made payable to Owner/Apartment/Management Company. CAP Staff will verify ownership, if this information cannot be verified payment will not be made. No check is issued to the same rental residence for Bordering/Sharing an upstairs-downstairs/Trailer on property and **further information may be required**.
Please verify with your place of residence if they will accept a check from The Puyallup Tribe before you submit your request. CAP does not offer reimbursements. CAP cannot issue Cashier's Checks or Money Orders.

MORTGAGE ASSISTANCE: Completed CAP Application with current Mortgage Company full-page statement including the stub. Mortgage/House must be in the Tribal Member's name.

UTILITY ASSISTANCE: Completed CAP Application with the Utility Statement/Account and must be in the Tribal Member's name. Must be an established residence with the Tribal Member's name on the lease. You may be asked to provide the Lease Agreement. You may be asked to provide additional information. Current full-page utility statement is required including the stub.
If disconnected, you must turn in your notice by 3:00pm to assist promptly and proficiently.

Applications must be submitted by The Tribal Member or other Tribal Assistance based program Representatives.
Notarized applications/signatures may be required or timestamp photo if eligible.
May be required to provide documentation or proof of the crisis.
At the end of the fiscal year in September, CAP does not accept requests "early" for October.
CAP does not accept screenshots of email notifications.
Please call CAP if you need help getting your statement turned in.
CAP Staff does not respond to work questions on any Social Media platforms.

WITHOLDING INFORMATION (not listing your spouse/S.O. and/or all members of your household is considered fraud) FALSE INFORMATION * FRAUDULENT LEASE AGREEMENTS * ALTERED DOCUMENTS WILL RESULT IN IMMEDIATE DENIAL AND THERE WILL BE A ONE YEAR PENALTY OF NO ASSISTANCE SHOULD YOU ATTEMPT THE REQUEST. If you are not in compliance from within the last 36 months, you may utilize CAP funding 36 months from date of offense from the first time not verifying. Second offense must pay the funds back to the program.

Phone 253-573-7989

FAX: 253-573-7975 When faxing requests **call to confirm** we have received your paperwork clearly.

Email CAP@puyalluptribe-nsn.gov If you email CAP and do not get a response within 24 hours weekday/work week period, please call us. Please do not email requests to CAP Staff individually.

2027 PUYALLUP TRIBE ENERGY & CRISIS ASSISTANCE PROGRAM (CAP) APPLICATION

Email: **CAP@puyalluptribe-nsn.gov** this page with supporting documents

NAME: _____
FIRST MIDDLE LAST (MAIDEN)

D.O.B.: _____ AGE: _____

PUYALLUP TRIBAL ENROLLMENT #:_____

PHONE :_____ SECONDARY PHONE OR EMAIL:_____

CURRENT PRIMARY HOME ADDRESS: STREET CITY STATE ZIP CODE

IF MOVING, ADDRESS OF WHERE YOU ARE MOVING INTO – LIST BOTH ADDRESSES

List everyone in household- including non-Natives. If you are living with another Puyallup Tribal Member and do not list them, your request will be denied. *Withholding names constitutes as fraud* CAP Staff verifies all information.

NAME	**AGE / D.O.B.**	**RELATIONSHIP**	**TRIBE**
1. SELF ↑ listed above	listed above	SELF	PUYALLUP
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

RE: ENERGY/UTILITIES ARE YOU DISCONNECTED? _____ VERBALLY TELL STAFF

If you are disconnected- turn in your application and notice by ***3:00pm*** for CAP to have time to assist proficiently.

NAME/COMPANY OF WHO TO PAY & DOLLAR AMOUNT:

List multiple companies if you have more than one. Do you send your mortgage payments to Set Aside?

DO NOT LEAVE BLANK_____

I hereby declare that the information provided is accurate and correct to the best of my knowledge and authorize the CAP staff to access any information necessary to verify the contents of this application and permission to speak to vendors on my behalf. I understand that if I falsify or withhold any information that I will be denied assistance FOR A ONE YEAR PERIOD and failure to comply with the Verification of Current Address results in a 3 year ban – 2nd offense results in paying back funds to the program.

Signature:_____ ***Date:***_____

(CAP Staff does not mail mortgage checks directly to the company)

Please check a box:

MORTGAGE/RENT CHECKS: MAIL TO LANDLORD ☐ MAIL TO YOUR RESIDENCE ☐ PICK-UP CHECK ☐

Permission to speak to: _____ (this request only)

CAP STAFF RESERVES THE RIGHT TO NOT SPEAK TO YOUR DESIGNATED PERSON
CDR# 175 PHYSICAL OR VERBAL ABUSE, HARRASSING OR THREATNING BEHAVIOR IS PROHIBITED
AND CAN RESULT IN DENIAL OF ASSISTANCE and/or SERVICES