<u>Assistance Program:</u> **The purpose of the Assistance Program is to aid Walker River Paiute Tribal members, those members residing on the reservation may apply for assistance within the first 3 weeks of employment and/or training.**

RULES AND REGULATIONS:

➤ To be eligible for the Assistance Program you must be a <u>Walker River Paiute Tribal member</u>. Living on the reservation, for at least 1 (one) year; and be considered a **permanent resident**.

➤ You must attach all documents requested and complete the application in its entirety. Any incomplete applications will not be considered.

➤ The T.E.R.O Commission meets monthly, at that time your application will be presented, and a decision will be made on a case-by-case basis. If you are eligible for reimbursement, check requests will be submitted to the Walker River Paiute Tribal Finance office and mailed in approximately 2 weeks.

➤ The Assistance Program & Fuel Assistance are dependent on available funding.

If you are requesting <u>reimbursement</u> costs associated with

work attire specified to the job, tools, and training fees:

1. Provide the original **receipts** within **3 weeks** of gaining employment or testing or training to be considered for reimbursement. **Drug tests must be negative**.

2. The max reimbursement amount is **$300** once a year from the date of approval.

3. Must be employed, **Employment verification** must be submitted.

➤ Fuel Assistance:
   1. **$30 max once a year** from approval date.

   2. **One-time use.** Used for interviews, training, and testing.

ASSISTANCE PROGRAM

Applicant: _____   Mailing Address: _____

Phone: _____   Email: _____

Justification:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Checklist of required documents to attach to this application:

Resident Verification: _____   WRPT Identification: _____   Employment Verification: _____   Receipt(s): _____

Signature: _____

Date: _____

_____

FOR TERO USE ONLY

Assistance Program: Approved: _____ Disapproved: _____ Approval Date: _____
                                                                                                (expiration date)

                              Amount: $_____

                              Balance: $_____

Fuel Assistance: Approved: _____ Disapproved: _____Approval Date: _____
                                                                                                          (expiration date)

Authorized Signature: _____   Date: _____