



KIOWA TRIBE

Social Services Program

Main Office/Anadarko: 806 Wynan Court, Anadarko, OK 73005

(580) 654-6362 or 1-844-841-1247; Fax (405) 648-7078

Intake Office/Carnegie: P.O. Box 369, Carnegie, Oklahoma 73015

(580) 654-6361 Fax: (580) 654-7109

EMERGENCY ASSISTANCE APPLICATION

Matthew	M	Platero
First Name:	Middle Initial:	Last Name:
Mailing Address: PO Box 1533 Airway Heights WA 99001		
Physical Address: 1827 S Pogue St.		
City: Airway Heights	State: WA	Zip Code: 99001
Telephone: (509) 768-8889	Message-Contact Name: Message Number: (509) 768-8889	

Request financial assistance for: Food	Utility Bill : \$175 Rent: \$425 Medical: \$2900 Food: \$200 Other: \$14500
Vendor Information: Costco	Name on Account: Matthew Platero Complete Address: 1210 S Hayford Airway Heights WA 99001 City, State, Zip Code: Airway Heights WA 99001 Phone: (509) 535-7613 Account Number: 73855100 Amount owed: \$14500

Explain your Emergency Situation: I am a full time Eastern Washington University student going to school on loans and scholarships. I thought my school would grant me all of my Kiowa Tribal Scholarship but unfortunately they have taken all but \$400 and applied the rest to my loans. I require financial assistance until I can secure employment. Thank you.

LIST MEMBERS OF YOUR HOME:

Name	Birth Date	Social Security Number	Tribal Affiliation & CDIB #
Rebecca Williams	5/ 20 /1958	585421751	Tribal member K07506
Zach Platero	5/1/1989	525815914	
Matthew Platero	10/10/1986	525653935	Tribal member K12161

INCOME INFORMATION:

Name	Source	Amount	Frequency
Rebecca Williams	Spokane Tribe Casino	\$ \$900	bi weeekly
		\$	
		\$	
		\$	
		\$	

1. I certify that all information on this application is true, complete, and correct to the best of my knowledge; I share in good faith.
2. I will submit the following documentation with my application: CDIB(s) of everyone in the home and copy of the bill or vendor information.
3. I understand I can only apply for Emergency Assistance one time a year and it benefits whomever resides in the home listed on the application.
4. I understand anyone listed on this application cannot use this residence to apply for additional assistance.
5. I will cooperate with the Social Service Department in the application process.



Applicant's Signature

11/9/18

Date