

# SAN JUAN SOUTHERN PAIUTE TRIBE



## JOB ASSISTANCE APPLICATION PACKET

*Approved by Tribal Council Resolution No. 2019-03 dated January 18, 2019;  
Amended by Resolution No. 2019-130 dated September 6, 2019;  
Amended by Resolution No. 2023-038 dated July 7, 2023;  
Amended by Resolution No. 2026-016 dated April 14, 2026*

Mail to:  
P.O. Box 2950  
Tuba City, AZ 86045

Physical Address:  
67 NW Maple St.  
Tuba City, AZ 86045  
(928) 212-9794 ~ (928) 233-8948 fax  
[www.sanjuanpaiute-nsn.gov](http://www.sanjuanpaiute-nsn.gov)

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## IMPORTANT INFORMATION – PLEASE READ

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The Job Assistance Program of the San Juan Southern Paiute Tribe is governed by the requirements of Title 8, Chapters 1 and 4 of the San Juan Southern Paiute Tribe Law & Order Code (Code). A copy of Title 8 of the Code can be reviewed on the Tribe's website at [www.sanjuanpaiute-nsn.gov](http://www.sanjuanpaiute-nsn.gov) or can be obtained upon request to the Tribal Administration Office.

The Job Assistance Program provides various types of job assistance to Tribal Members who submit a complete Job Assistance Program Application (Application) and who meet the established criteria for the Program in accordance with the Tribal Law & Order Code and the San Juan Southern Paiute Tribe Job Assistance Program Handbook (Handbook). This Job Assistance Application Packet is part of the Handbook. A complete copy of the Handbook can be obtained upon request to the Tribal Administration Office. *Please note that the Code, the Handbook and this Application Packet may be updated from time to time. Prior to making an Application for Job Assistance, you should make sure that you are using the current version of the Code, Handbook and Application Packet.*

The Job Assistance Program is funded each year as part of the overall Tribal Budget and funding is limited from year to year. The review of your Application will be categorized by the type of Job Assistance you are requesting (e.g. workforce/job training, job and career counseling, clothing allowance, etc.). The type of assistance offered by the Tribe to provide adequate job assistance for Tribal Members, if any, may not necessarily be the type of assistance initially requested by the Applicant. Job Assistance is limited to one (1) time per year.

**Job Assistance may be denied if:**

- You do not meet the qualifications for assistance;
- Sufficient funds are not available in the Program Budget or providing the requested assistance would result in the expenditure of a significant amount of the Program Budget that would prevent the Tribe from fulfilling a sufficient number of other Tribal Member requests for Job Assistance;
- A more efficient and reasonable means of achieving safe and adequate Job Assistance is available;
- Achieving the requested Assistance is impractical or unlawful;
- The Tribe lacks the necessary resources to provide the requested Job Assistance in a safe and adequate manner; or
- You have a more recent history of receiving Job Assistance from the Tribe than other Applicants;
- For any other non-discriminatory reason.

**IMPORTANT NOTICE:**

Receiving assistance from an approved Tribal Assistance Program could impact your ability to qualify for or receive other benefits or assistance from the state or federal government. Please check with your local agency providing state or federal benefits to determine the impact, if any, of receiving assistance from an approved Tribal Assistance Program.

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**TRIBAL LAW & ORDER CODE**  
**TITLE 8, CHAPTER 1, SECTION 307**  
**APPEALS AND REMEDIES**

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**§ 307 Appeals and Remedies.**

- A. Right to Appeal. Any Applicant who has submitted an Application shall have the right to appeal to the Tribal Court of the San Juan Southern Paiute Tribe, provided that the Tribal Court shall only have jurisdiction to address appeals alleging that the Constitution and/or the Law & Order Code has been violated.
- B. Where to File the Appeal. All appeals shall be filed with the Tribal Court pursuant to the appeal procedure established in Title 5 of the Law & Order Code.
- A. When to File Appeal. All initial appeals pursuant to this Article shall be filed within 30 days of the receipt of a notice informing the Applicant that their Application for assistance under a Tribal Program pursuant to this Title has been rejected or within 30 days of an alleged violation of the Tribal Constitution and/or the Law & Order Code.
- B. Remedies. With regard to appeals made pursuant to this Section, the Tribal Court shall have the jurisdiction to order compliance with the Tribal Constitution and/or Law & Order Code. Decisions of the Tribal Administration or Tribal Council shall only be set aside if arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.

*[Legislative History: Enacted by Resolution No. 2018-72, 10/5/2018]*

**NOTICE:**  
**INCOMPLETE APPLICATIONS WILL NOT BE**  
**PROCESSED**

If you do not submit a complete application:

1. A Notice will be mailed to you that informs you that your application is incomplete and it will request that you submit the items needed to complete the application.
2. If you do not provide a response within 30 days from the date of the notice, the Application shall be automatically dismissed. Any original documents will be mailed back to you at the last address provided on the application.
3. If your application is closed for failure to timely submit the requested documentation, you will be required to submit a new application with all the appropriate documentation in order to reapply for Assistance.

**ALL APPLICATIONS MUST BE SUBMITTED TO:**

**By Mail:**

San Juan Southern Paiute Tribe  
ATTN: Job Assistance Application  
P.O. Box 2950  
Tuba City, AZ 86045

**By Hand Delivery:**

San Juan Southern Paiute Tribe  
ATTN: Job Assistance Application  
67 NW. Maple St.  
Tuba City, Arizona 86045

*You are responsible for ensuring that your application documents are delivered to the Tribe. It is recommended that if you are mailing your documents that you send them by Certified Mail – Return Receipt Requested or by Federal Express.*

**TO TRACK THE PROGRESS OF YOUR APPLICATION,**  
**CONTACT THE TRIBE AS FOLLOWS:**

**By Mail:**

San Juan Southern Paiute Tribe  
ATTN: Tribal Administrator  
P.O. Box 2950  
Tuba City, AZ 86045

**In Person:**

San Juan Southern Paiute Tribe  
ATTN: Tribal Administrator  
67 NW. Maple St.  
Tuba City, Arizona 86045

Phone: 928-212-9794  
Fax: 928-233-8948  
Email: [t.talaswaima@sanjuanpaiute-nsn.gov](mailto:t.talaswaima@sanjuanpaiute-nsn.gov)

## **JOB ASSISTANCE APPLICATION CHECKLIST:**

Use this Checklist to make sure you have submitted all required documentation with the Application.

- Job Assistance Application**
  - Complete, sign and date the Job Assistance Application. Note: There are two places to sign the Application.
  
- Copy of Driver's License or State Issued Identification Card**
  - Provide a copy of your driver's license or state issue identification card. If you do not have one of these, provide a copy of your Tribal Identification Card.
  
- Proof of Employment (If Newly Employed)**
  - Provide a proof of job offer/employment, including the name of the employer with contact information, location of employment, start date and date of first expected paycheck.
  
- Authorization and Consent to Release of Information for Tribal Assistance Programs**
  - Complete the Authorization and Consent to Release of Information and sign before a notary.
  
- Income Information**
  - Provide documents that verify all of the sources of income you stated in the Application. Such documentation may include, but not be limited to: summaries of benefits for TANF, SSI, SSDI, Social Security, and Court orders for child support, etc.
  
- Nightly Rates and Reservation Confirmation for Hotel/Motel (temporary lodging) (\*\* ONLY Required for Applicants Requesting Temporary Work Allowance\*\*)**
  - Applicants applying for Temporary Work Allowance must provide a copy nightly or weekly rates at the hotel, motel or other temporary lodging.
  
- Other Supporting Documents**
  - The Tribe may request additional supporting documents or information from Applicant based upon the type of request and information provided in the Application.

# SAN JUAN SOUTHERN PAIUTE TRIBE



<b>FOR OFFICIAL USE ONLY</b>
Date Rec'd: _____
Rec'd By: _____

## JOB ASSISTANCE APPLICATION

*Approved by Tribal Council Resolution No. 2023-038 dated July 7, 2023,  
Amended by Resolution No. 2026-016 dated April 14, 2026*

### **SECTION 1: APPLICANT INFORMATION**

*Fill out application entirely and complete in black or blue ink only.*

Biographical Information			
Full Name (First Middle Last):			
Maiden Name or Other Names:			
Date of Birth: ____/____/____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: City: _____	State: _____		
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			
Social Security #: _____ - ____ - _____	Tribal Enrollment #:		
Driver's License or State ID #:	State of Issue:		
Mailing Address (P.O. Box or Street):			
City: _____	State: _____	Zip Code: _____	
Physical Address (if no street address, provide major cross streets / intersections):			
City: _____	State: _____	Zip Code: _____	
<i>Location of Residence: For Applicant's without a physical address for their residence, use the space below to map the location of your primary residence showing major cross streets / intersections:</i>			
Home Phone: (    )    -	Cell Phone: (    )    -		
Email Address: _____			

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Emergency Contact Name:	Phone: (     )     -
<b>Education Information</b>	
Education Attained: <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Technical or Vocation Degree <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____	
Do you have any specialized training or training certificates (e.g. journeyman, precision machining, paralegal, CDL etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what?:	

<b>Current Income and Tax Information</b>	
Wages earned from employment this year (before taxes):	\$ _____ / per month
Welfare/TANF assistance:	\$ _____ / per month
Court ordered child support:	\$ _____ / per month
Social Security Benefits:	\$ _____ / per month
Type of Social Security Benefits (retirement, SSDI, SSI):	
Unemployment benefits:	\$ _____ / per month
All other income from any other source(s):	\$ _____ / per month
Name(s) of other source(s) of income (including per capita):	

**SECTION 2: NEW EMPLOYMENT INFORMATION**

<b>New Employment Information</b>	
Name and address of new employer?	
Your job title:	
Location of your job:	
Name of supervisor or employer contact:	
Phone number of supervisor or contact:	
Date you will receive first paycheck:	
Will you need to relocate for work <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start date:	End Date (if any)
Will employment be <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other – see below	
If OTHER, please explain:	

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**SECTION 3: HOUSEHOLD MEMBER INFORMATION**

<b>Household Member Information For Household Members Under the Age of 18</b>		
Name	Date of Birth	Member of SJSPT
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 4: TYPE OF JOB ASSISTANCE REQUESTED**

**CLOTHING ALLOWANCE** – for obtaining the appropriate attire or necessary uniform required for new work, training and interviews.

Describe your need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEMPORARY WORK ALLOWANCE** – provides funds for travel, room and board for new employment until the first paycheck, but no longer than two weeks. Assistance shall not exceed \$2,100 for lodging, and for transportation assistance of up to \$150 for in-State and up to \$300 for out-of-State work. *Applicant must provide all required documentation listed in the Job Assistance Packet to be eligible for Temporary Work Allowance.*

Describe your need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rental or lease rate per month: \_\_\_\_\_

**OTHER** – Other job assistance.

Describe your need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION 5: PREVIOUS ASSISTANCE and CONFLICT OF INTEREST STATEMENT**

<b>Previous Assistance and Conflict of Interest Statement</b>
Have you or any member of your household ever received job assistance from the San Juan Southern Paiute Tribe, another Tribe or Tribal Authority, a federal, state, or local public employment authority such as Veteran's Affairs? <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
If YES, in what year(s) was employment or job assistance provided:
If YES, describe the assistance provided:
Do you or your spouse have any immediate relative(s) (e.g. <i>parents, grandparents, children, brothers, sisters</i> ) presently working for or holding office with the San Juan Southern Paiute Tribe? <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
If YES, provide the name(s) of relative(s), and their relation to you:

**APPLICANT CERTIFICATION**

I certify that the information and supporting documents provided with this Application are accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable by law and may result in the Tribe seeking to recover the assistance provided to me and/or refusing to provide any future assistance to me in addition to any other remedies available to the Tribe. I also understand that providing false statements or information is grounds for immediate termination of assistance.

I certify that if I receive assistance, I will meet the requirements of the type of assistance provided to me as stated in the Assistance Program Handbook. I understand that if I fail to meet the requirements of the Assistance Program, that the Tribe may seek to obtain repayment of the assistance provided to me.

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Signature of Applicant

Date

**SAN JUAN SOUTHERN PAIUTE TRIBE  
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**AGREEMENT AND AUTHORIZATION TO SAN JUAN SOUTHERN PAIUTE TRIBE  
FOR RECOVERY OF ASSISTANCE PAYMENTS FROM OTHER SOURCES OF  
TRIBAL INCOME FOR VIOLATION OF TERMS AND CONDITIONS OF  
ASSISTANCE PROGRAM**

I understand and agree that in the event I violate the requirements of the Job Assistance Program, that the San Juan Southern Paiute Tribe is authorized to garnish any future sources of income that are due to be paid to me by the Tribe, including, but not limited to, wages, stipends, reimbursements, and/or per capita payments, to recover the value of any assistance provided to me by the Tribe under this Program. By signing, I am providing advance authorization to the Tribe to garnish such payments in the event the Tribal Court determines that I have violated the requirements of the Job Assistance Program and has set an amount that is due and payable by me to the Tribe.

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Signature of Applicant

Date

**PRIVACY ACT NOTICE**

THE INFORMATION PROVIDED IN THIS APPLICATION IS TO BE USED BY THE SAN JUAN SOUTHERN PAIUTE TRIBE OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PARTICIPANT OR BORROWER UNDER THE ASSISTANCE PROGRAM. IT IS NOT TO BE DISCLOSED TO ANY OUTSIDE AGENCY EXCEPT AS REQUIRED OR PERMITTED BY LAW. THE INFORMATION PROVIDED IN THIS APPLICATION MAY BE AGGREGATED BY THE TRIBE WITH OTHER TRIBAL DATA FOR STATISTICAL INFORMATION AND ANALYSIS PURPOSES.