Karuk Tribe
One-Time General Assistance Application

Program Description

This program offers one-time financial assistance for utilities, rent or mortgage, or temporary shelter. Funding is limited and available on a **first-come, first-served basis**. **Enrolled Karuk tribal members and descendants**, and **members of other federally recognized tribes** who live in the service area, are eligible to apply. Assistance is limited to $1,000 per household.

Eligibility Requirements and Required Attachments

To be eligible, applicants must meet the following criteria:

- Provide a complete application and required documentation – See Appendix B
- Proof of income meeting 200% income guidelines – See Appendix B
- Proof of tribal affiliation
- Reside within the Karuk Tribes service area
- Be one of the following within the Karuk Tribe Service Area:
    - Enrolled member of the Karuk Tribe
    - Karuk Descendant
    - Member of another federally recognized tribe

Submit completed applications to:
Jaz Johnson
P.O. Box 1016
64236 Second Avenue
Happy Camp, CA 96039
jazjohnson@karuk.us
530.493.1600 ext. 6304

ONE-TIME GENERAL ASSISTANCE PROGRAM APPLICATION

The applicant must reside within the Karuk tribe's service area
(Siskiyou County and Eastern Humboldt County from Bluff Creek at mile marker 28.6 to the Siskiyou County line)

Applicant Information:

Name: _____ Gender: ____Male _____ Female

Mailing and Physical Address: _____

City _____ State: _____ Zip code: _____

Date of Birth: _____Tel# _____ Cell# _____

Tribal Affiliation: _____ Tribal ID# _____

List All Other Household Member(s)

Name	Relationship	Date of Birth	Handicapped?	Disabled?
1				
2				
3				
4				
5				

Applicant Income: List all income received in the last month.

Name of Employer/Income Source	**Monthly Earned Income**	**Monthly Unearned Income**	**No Income**

Other Household Income: List all income received in the last month.

Name of Employer/Income Source	**Monthly Earned Income**	**Monthly Unearned Income**	**No Income**

Assistance Requested

- ☐ Rental or Mortgage Assistance
- ☐ Utility Assistance
- ☐ Shelter Assistance (Not to exceed 30 days)

Reason for Request

APPENDIX A
TRIBAL HOMELESS HOUSING ASSISTANCE AND PREVENTION PROGRAM

I_____, am seeking Tribal Housing and Homeless Assistance and certify that I meet at least one of the criteria below and meet the income eligibility guidelines set forth.

1. Do you lack a fixed, regular, and adequate nighttime residence?
2. Are you in danger of losing your primary nighttime residence within the next 14 days?
3. Do you lack resources or support networks to obtain other permanent housing or maintain existing housing?
4. Are you or your family fleeing or attempting to flee a domestic violence or life-threatening situation?
5. Do you expect to continue in Homeless status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment?
6. Are you an unaccompanied homeless individual under 24 (with or without children) whom meets any of the criteria above?

CERTIFICATION

Initial (Each Statement)

_____ By signing this hardship request, I do certify that the above information provided is true to the best of my knowledge and is subject to verification by the Low-Income Assistance Program. *By signing this hardship request, I am certifying that I meet at least one of the above eligibility criteria to participate in the Tribal Housing and Homeless Assistance Program.* I have read and understand that falsification, misuse of program funds, and any statement made or documentation given both on this hardship request and in my file will be considered fraud and grounds for termination from this program for one (1) year from the date of determination, and that I may be subject to prosecution under law.

_____ I understand that all information/documentation is confidential and will be used only to provide data from funding agencies, and no information/documentation obtained through this release shall be made public

Signature: _____

Date: _____

APPENDIX B
INCOME GUIDELINES

2026 CSBG Income Eligibility

Persons In Household	Annual Income
1	$31,920
2	$43,280
3	$54,640
4	$66,000
5	$77,360
6	$88,720
7	$100,080
8	$111,440
9	$122,800
10*	$134,160

Required Documentation

- Proof of income meeting 200% income guidelines.
- Proof of tribal affiliation
- Proof of request for assistance: Rental receipt, utility bill, or other documentation
- Documentation must be within the last 3 months

You are not required to be delinquent or in arrears on a payment to receive assistance*