

The Confederated Tribes of the Colville Reservation

Enrollment Department
P.O. Box 150, Nespelem, WA 99155
Phone: (509) 634-2830 Fax: (509) 634-2874
NATURAL DISASTER FORM



Name:	Enrollment Number:
Date Of Birth://	Social Security Number://
Contact Number: ()	Message Number: ()
Mailing Address:	
Physical Address:	
Is the Physical Address within the Rese	ervation boundaries? Yes No If no, state County:
Date of Disaster:	Type of Disaster: Fire Flood Other:
Is structure a total loss or partial loss?	Total Partial. Are residents able to remain living in structure? Yes No
Is structure Primary Residence of Appl	icant: Yes No. If no, indicate type of structure:
Does Applicant own or rent?	
Own - Mortgage Company:	Contact #:
Rent - Landlord:	Contact#:
Did you have insurance at time of incid	ent? Yes No. Insurance Company:
Number of Members living in home at t	time of disaster:
List of other occupants and relationshi	p: (Please use backside of form for additional occupants if necessary)
Name:	Relationship:

Please provide a personal statement of the disaster. Be sure to indicate if the structure was a partial or
total loss.
PLEASE NOTE:
The following information must be provided in order to process the grant application. Please check the
following to ensure proper documentation is provide to process request:
Incident Report. The Incident Report can be obtained by the response team lead.
If Rental - Statement from Landlord or copy rental agreement
If Ownership – Provide proof of ownership. Copy of deed or statement from Mortgage Company
I hereby declare the information provided within the application and my personal statement is true to the best of my knowledge. I understand any false information provided will cause my application to be denied.
Signature:Dated:
INTAKE CHECKLIST
Personal Statement: Landlord/Mortgage Statement: Disaster Report:
Enrollment Staff: Date Reported: Check Date: Check#