Return to SFN RAP Dept.
Fax: 918-968-4207
Phone: 918-968-3526

SAC AND FOX NATION
TRIBAL EMERGENCY HOME REPAIR PROGRAM
(TEHR)
APPLICATION, AUTHORIZATION AND RELEASE

REFERENCE PROPERTY LOCATION:

_____ _____ _____ _____
Street Address City State Zip

DESCRIBE THE ASSISTANCE BEING REQUESTED:

_____

_____

_____

I the undersigned do certify that I am authorized to make application, grant all authorizations, and to authorize all releases from liability and responsibility regarding the above referenced housing assistance being provided by the Sac and Fox Nation.

I hereby request assistance from the Sac and Fox Nation as described above.

I hereby authorize the Sac and Fox Nation officials, agents, employees, material men, laborers, and contractors to enter the property with any equipment and vehicles and to perform such work or inspections as is necessary to provide and complete this tribal assistance.

I hereby release the Sac and Fox Nation, its officials, agents, employees, material men, laborers, and contractors from all liability for loss, damage, or injury of any kind whatsoever as a result of participation in this tribal assistance program.

_____ _____
Signature Date

_____ _____ _____
Printed Name Roll Number Birthdate

_____ _____ _____ _____
Mailing Address City State Zip

_____ Yes _____ No _____
Phone Number Handicap Preference

Approved by Sac and Fox Nations Business Committee on May 30, 2017