



Mille Lacs Band of Ojibwe  
Mille Lacs Emergency Assistance Program

Applicant's Name: \_\_\_\_\_

Band ID #: 410B- \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Message #: \_\_\_\_\_

Number of Person in Household: \_\_\_\_\_ No. of Household members Employed: \_\_\_\_\_

\*\*\*\*All amount requested are  
Loans, a Promissory Note  
must be completed  
Before assistance is issued.\*\*\*\*

Please explain your Emergency, leading to your current need of Emergency Assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Gas/Fuel ( ) Other: \_\_\_\_\_

Vendor Name	Account #	Address

I, \_\_\_\_\_, hereby swear that the information above is correct. I have followed all directions and provided all required documentation to obtain a loan or grant from office. I swear to payback the loan in the required time allowed and not to misuse this assistance with the understanding that misuse is a punishable offense under tribal statutes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

CLIENT INFORMATION FOR  
PROMISSORY NOTE FORMS

PROMISSORY NOTE AND PAY BACK TERMS

LOAN REPAYMENT INFORMATION

METHOD PAYMENT:

- 1. Relinquish from Tribal Bonus

All Payment are to be paid back in Full to Emergency Assistance in one Full Payment.

\*\*\*ALL GAS VOUCHERS MUST BE PAID IN FULL BEFORE ANOTHER IS ISSUED\*\*\*

\_\_\_\_\_ Tribal Bonus. ( ) Monthly ( ) Bi Monthly ( ) Tri Monthly  
( ) Quarterly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date