



EMPLOYMENT ASSISTANCE PROGRAM

Employment Assistance: To provide financial assistance to employed tribal members in order to retain their current employment. Assistance payment shall not exceed \$1500.00 for the calendar year (Jan –Dec).

Eligibility for Employment Assistance Program:

1. Must be currently employed.
2. Applicant must be in good standing with the Tribe.

Required Documentation:

1. Current Paystubs for the past Thirty (30) days. If self-employed, you can provide your tax form from the previous year.
2. Quotes or receipts for your request. If the documentation is not attached, we will not be able to process your assistance.
3. Completed vendor form (3rd page of this application) with Name, Address and amount owed to each vendor. If you are requesting reimbursement, please put your information as the vendor.

Scope of Assistance:

- Vehicle purchase, vehicle repairs, DMV fees, etc.
- Transportation Assistance -Gas Card yearly max amount \$300.00
- Work Clothing, Shoes/Boots, Uniforms, etc. – yearly max amount \$500.00 (must turn in receipts)
- Equipment/tools needed for work (Must show need)
- Any other employment related requests approved by the Program Manager.



ENTERPRISE RANCHERIA
2133 Monte Vista Ave.
Oroville, CA 95966
Phone: (530) 532-9214 Fax: (530) 871-6655

Employment Assistance Program

NAME: _____ DOB: _____ PHONE: _____

MAILING ADDRESS: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE #: _____

Please explain what you are requesting (Gas, Clothing, etc.):

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Please state vendor information below (PERSON WHO THE CHECK IS BEING MADE TO):

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

For office use only: Approved _____ Denied _____

Program Manager: _____ Date: _____