



## **Emergency Assistance Program**

LIFT Community Action Agency, Inc. is committed to raising funds to support its efforts in the sustainability of its Emergency Assistance Fund. The Fund is managed by a committee of LIFT employees. We understand that an emergency can cause extreme challenges and that without assistance difficult conditions may spin further out of control.

The following guidelines in this document set the standard of qualifying activities for an individual receiving assistance from this fund:

### **Qualifications:**

- **Applicant Eligibility:**
  - The applicant must reside in our three-county service area of Pushmataha, Choctaw and McCurtain counties.
  - The home must have been affected by fire, flood or severe storm damage.
    - The fire may be either natural (storm, lightning, etc.) or accidental (electrical, etc.)
    - The flood may be either natural (storm, flash flood, etc.) or accidental (burst piping, etc.)
    - Severe storm damage is defined as damage incurred at a level such as a tornado.
  - The applicant must be the primary homeowner or tenant.
  - Amounts to be Paid
    - 1 – 2 Members in Household: \$100
    - 3 – 4 Members in Household: \$200
    - 5+ Members in Household: \$300
- **Documentation:**
  - Fire related disasters must have supporting documentation such as a signed fire report from an established agency.
  - Non-fire related disasters (flood, storm etc.) must have photo documentation of the damages.

Landlords are excluded from applying for the program for or on behalf of their tenants nor are funds eligible for landlords to procure themselves for a rental property.

LIFT reserves the right to request supporting documentation to verify the number of individuals residing in the applicant's household. Acceptable documentation may include, but is not limited to, lease agreements, tax returns, or other official records that reasonably confirm household composition.

### **Application Submittal:**

Requests must be submitted within two (2) weeks of the qualifying emergency. A total sum of up to \$300.00 will be approved if funds are available. In the event that funds are not available, then a lesser amount may be approved or the claim may be denied altogether due to insufficient account funds.

**Submit documentation to [amanda.perry@liftca.org](mailto:amanda.perry@liftca.org)**

LIFT Community Action Agency, Inc.

209 N 4<sup>th</sup> Street Hugo, OK 74743 Telephone: (580) 326 – 3351 Fax: (580) 326 – 2305

**Selection Committee:**

Final funding award decisions will be at the discretion of the selection committee made up of: Brandon McDaniel, Housing Director, Tonya Chandler, Housing Specialist, Kinsey Cox, Administrative Assistant, Sheree Ensley, Chief Fiscal Officer and Macy Self, Associate Director. ***NOTE: The verifying employee cannot be a voting committee member to ensure that no preference is given.***

***LIFT Community Action Agency, Inc. will not discriminate against any applicant on the basis of race, color, national origin, religion, sex (including pregnancy and sexual harassment), age, disability, political affiliation, protected veteran status, genetic information and testing, sexual orientation, gender identity, Family Medical Leave, participation in protected activity or any other characteristic protected by law, or any other non-merit factor, as pursuant to the Fair Housing Act, Civil Rights Act, and other regulatory acts, executive orders, or law.***

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## ***LIFT Emergency Assistance Program Application***

***Name of Recipient:*** \_\_\_\_\_

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

***Telephone Number:*** \_\_\_\_\_

***Recipient Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Reason for Need:***

- ☐ Fire (Requires Signed Fire Report)
- ☐ Storm (Requires Photo Documentation of Damages)
- ☐ Flood (Requires Photo Documentation of the Damages)

***Verified By:***

\_\_\_\_\_  
LIFT CAA, Inc. Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Brandon McDaniel, Housing Director

\_\_\_\_\_  
Tonya Chandler, Housing Specialist

\_\_\_\_\_  
Kinsey Cox, Administrative Assistant

\_\_\_\_\_  
Sheree Ensley, Fiscal Officer

\_\_\_\_\_  
Macy Self, Associate Director

Amount Approved: \_\_\_\_\_

Application is denied based on the following:

**Submit documentation to [amanda.perry@liftca.org](mailto:amanda.perry@liftca.org)**

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