



LUMMI INDIAN BUSINESS COUNCIL

2665 KWINA ROAD BELLINGHAM, WASHINGTON 98226 (360) 312-2000

DEPARTMENT _____

DIRECT NO. _____

2019 LUMMI NATION WINTER ASSISTANCE INTAKE FORM

This form will be used for Lummi Nation internal use only. The information contained on this form is not for distribution to any outside agency or entity.

APPLICANT INFORMATION

First Name _____ MI: _____ Last Name _____

Mailing Address _____ City, State, Zip _____

Lummi Enrollment # _____ Social Security # _____ - _____ - _____ Date of Birth ____/____/____

Phone Number (____) _____ - _____ Email Address: _____

Emergency Contact Name: _____ Emergency Contact (____) _____ - _____

CERTIFICATION OF PROGRAM ELIGIBILITY:

I, _____, am certifying I am a member of Lummi Nation with _____.

Print Name

Lummi Enrollment #

I am also certifying (per Resolution #2019-124) I meet the criteria for emergency winter assistance and that I will use this assistance to supplement my basic living needs. My signature and my acceptance of this ONE-TIME payment is a declaration that all of the above statements are true and accurate.

Signature

Date

MINORS UNDER 17 & UNDER

Is this child subject to a court order regarding custody? Yes No

I, _____, am certifying that by signing for the above mentioned minor that I have physical custody and/or legal guardianship. In the event of a dispute, debit cards will be withheld until a certified court order identifying custodial rights is received. Any gift cards unlawfully claimed will be voided immediately and subject to prosecution.

Signature of Custodial Parent or Legal Guardian

Date

*All original forms must be turned into the LIBC Treasurers Office either in person or via email. For additional information please contact the Accounting Office. No Debit cards will be released until this form is completely filled out & has been received. Forms can be submitted to Treasurersoffice@lummi-nsn.gov or in person at LIBC.

Accounting Use Only

Check

VISA Card

Check # _____

Card #1 _____

Staff Initials: _____

Date: _____