



LUMMI INDIAN BUSINESS COUNCIL

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

DEPARTMENT _____ DIRECT NO. _____

2017 LUMMI NATION UNMET NEEDS DISTRIBUTION 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 #2017-133) I meet the criteria for basic unmet needs and that I will use this assistance to meet those unmet 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, gift 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 Hilary Hillaire at 360-312-2386. No checks or gift 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
Check # _____
Staff Initials: _____

VISA Card
Card #1 _____
Date: _____