

Coyote Valley Tribal Council

REQUEST FOR ASSISTANCE

APPLICANT _____ PHONE _____

MAIL ADDRESS _____

RESIDENCE _____

SOCIAL SECURITY # _____

REQUEST FOR (TYPE OF ASSISTANCE) _____ BIA FOOD ASSISTANCE-2012

EXAMPLES: PERCAP ADVANCE, HOUSING, EDUCATION, YOUTH ACTIVITY, UTILITY, BABY, ETC.

<u>DESCRIPTION OF NEED WITH COST:</u>	<u>COST</u>
BIA FOOD ASSISTANCE	\$50.00

<u>TOTAL COST OF THIS REQUEST-</u>	\$50.00
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ATTACH APPROPRIATE DOCUMENTATION (QUOTES, BILLS, CERTIFICATES, RECEIPTS, ETC.).

NOTE:

- 1- All requests are subject to the funds available.
- 2- Each request is subject to the requirements and restrictions for that particular program.
- 3- By signing this form you are agreeing that the statements and representations made herein are true and factual.

SIGNATURE _____ DATE _____