

Elko Band Christmas Distribution 18 & Older (by Dec.2nd)

(All questions must be answered completely, or application will be denied and considered incomplete)

I understand to be eligible for the distribution, I must be enrolled with Elko Band two (2) years prior to this distribution. **Application Deadline: December 2, 2022 by 4:30 p.m.**

No Exceptions for late applications. Absolutely No Checks Will Be Provided.

DISTRIBUTION DATES: December 15th and 16th – 9 am to 4 pm

| | | |
|--|--------------------|-------------------|
| 1. Name (Last, Middle, First) | 1. Date of Birth | 3. Enrollment No. |
| _____ | _____ | _____ |
| 4. Physical Address (Street, City, State, Zip) | 5. Mailing Address | |
| _____ | _____ | |
| 6. Phone Number (Including Area Code) | 7. Email Address | |
| _____ | _____ | |

8. Distribution, Please check one:

- I will be picking up my distribution
- I cannot pick up the distribution myself, I will designate and authorize someone to pick them up on my behalf. (If someone will be picking up your distribution, complete application and return a notarized "Authorization to release Elko Band Christmas Distribution funds."

I understand that I am Ineligible if:

- 1. I have embezzled or have a current lawsuit against Elko Band/Te-Moak Tribe
- 2. I have leased land (assignment) or home in any other Constituent Band area, if married this includes spouses.
- 3. I have an outstanding debt with any of the Elko Band programs/enterprises.
- 4. I have not returned all Elko Band property and I have not paid for all damages that I have incurred.
- 5. I am incarcerated at the time of the distribution of the voucher.

Certification

I do hereby certify that the information is true and correct to the best of my knowledge. By signing, I certify that I have completed the application truthfully, I understand that false statements made on this application are subject to penalties including, but not limited to repaying distribution amount and will be subject to denial of any future distribution Elko Band Council offers until entire payback has been made.

Print Name

Signature

Date

Elko Band email is administrator@elkoband.org or adminassistant@elkoband.org

Fax # 775-753-5439.

Authorization to Release

Elko Band Christmas Distribution 18 & Over

I, _____, have submitted an Application for Elko Band Christmas Distribution 18 & Over. By signing below, I am certifying that I am unable to pick up my distribution myself in person. I am authorizing the individual named below to pick up my Distribution. I understand that by signing this form, I release Elko Band of any liability for the distribution once it is given to the person I have designated and authorized to pick up the distribution for me.

AUTHORIZED DESIGNEE TO RECEIVE DISTRIBUTION:

NAME: _____ PHONE: _____

ADDRESS: _____

APPLICANT'S NAME (PRINT CLEARLY) APPLICANT'S SIGNATURE DATE

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STATE OF _____)

COUNTY OF _____)

This document, "Authorization to Release Elko Band Christmas Distribution 18 & Over" was signed before me on this _____ day of _____, 20____ by

_____.

Notary Public Signature

(Seal)

My Commission Expires: _____