ELKO BAND COUNCIL

1745 Silver Eagle Drive • Elko, Nevada 89801 775-738-8889 • Fax 775-753-5439

2023 Elko Band Council Christmas Distribution 18 & Over

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

I UNDERSTAND TO BE ELIGIBLE FOR THE DISTRIBUTIONS, I MUST BE ENROLLED WITH ELKO BAND TWO (2)
YEARS PRIOR TO THIS DISTRIBUTION.

Application Deadline: 12/15/2023 by 5:00 p.m.

No Exceptions for late applications.	Absolutely No Checks Will Be Provided.					
DISTRIBUTION DATES: December 13 through 15 and 18 – 9 am to 4 pm						
If married, ple	ase include maiden name.					
1. Name (Last, First, Middle Int.) 2.	. 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 (if available)					
8. Distribution, please check one: I will be picking up my distribution.	I understand that I am ineligible if:					
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 and return a notarized "Authorization to release Elko Band Christmas Distribution 18 & Older Form"	 I have embezzled or have a current lawsuit against Elko Band/ Te-Moak Tribe. I have lease land (assignment) or home in any other Constituent Band area. I have an outstanding debt with any of the Elko Band Programs/ enterprises. I am incarcerated at the time of the distribution. 					
Certi	fication					
that I have completed the application truthfully. I und	orrect to the best of my knowledge. By signing, I certify derstand that false statements made on this application epaying distribution amount and will be subject to denial til entire payback has been made.					
Print Name Constituent Band of the Te-Moak Trib	Signature Date Dee of Western Shoshone Indians of Nevada					



2023 Authorization to Release Elko Band Council Christmas Distribution 18 & Over

& over. By signing be authorizing the individual release Elko Band of a authorized to pick up to	low, I am certifying tha lual named below to pio	t I am unable to the control of the	to pick up my distribution ibution. I understand that is given to the person I	t by signing this form, I
NAME:			PHONE:	
Print Applicant Name		Applicant Signature		Date
STATE OF)	SS:	••••••
This Document, "Autl	norization to Release El	ko Band Chris	stmas Distribution 18 & 0	Over" was signed before me
(SEAL)			
			Notary P	ublic
			Printed Name – N	Notary Public