

Elko Band Christmas Distribution 18 & Over

(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.

1. Name (last, middle, first)

2. Date of Birth

____/____/____

3. Enrollment Number

4. Physical Address (Street, City, State, Zip Code)

5. Mailing Address

6. Phone Number (Area code first)

7. Email Address

7. Distribution, please check one:

I will be picking up my distribution

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 the "Authorization to release Elko Band Christmas Distribution 18 & Over funds."*

Certification

I do hereby certify that the above statements are 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, re-paying this **Elko Band Christmas Distribution 18 & Over** and will be subject to denial of any distribution Elko Band offers until payback has been made.

Print Name

Signature

Date

*****FOR OFFICE USE ONLY*****

Identification of person picking up distribution verified: _____ (Staff Initials) _____ (Date)

Distribution Released: _____ (Staff Initials) _____ (Date)

*****FOR OFFICE USE ONLY*****

	Yes/No	Verified by:	Date:	Comments
1. Application form received	_____	_____	_____	_____
2. Enrollment confirmed	_____	_____	_____	_____
3. Application properly signed/notarized	_____	_____	_____	_____
4. Application approved	_____	_____	_____	_____
5. Application rejected	_____	_____	_____	_____
6. Application notified of rejection	_____	_____	_____	_____