



## COPPERMINE CHAPTER CHAPTER ASSISTANCE APPLICATION FORM

*Applicant's are required to fill out a new application form for each assistance  
Incomplete application forms will NOT be accepted*

**\* MUST BE A REGISTERED VOTER WITH COPPERMINE CHAPTER IN ORDER TO RECEIVE ASSISTANCE**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Census # \_\_\_\_\_

Please submit the following:

Certificate of Indian Blood  Photo ID  Voter Registration Card

TYPE OF ASSISTANCE REQUESTED		
Chapter Scholarship <input type="checkbox"/>	Hay <input type="checkbox"/>	Facility Usage <input type="checkbox"/> <small>*\$50.00 fee + NN tax</small>
Funeral <input type="checkbox"/>	Fuel <input type="checkbox"/>	Firewood <input type="checkbox"/>
Medical <input type="checkbox"/>	Water <input type="checkbox"/>	Veteran <input type="checkbox"/>
Utilities <input type="checkbox"/>	Emergency <input type="checkbox"/>	Housing Materials <input type="checkbox"/>
Student Enrichment <input type="checkbox"/>	Solar Panels <input type="checkbox"/>	Clearances: Arch. & Environmental <input type="checkbox"/>
Public Employment Project <input type="checkbox"/>	Weatherization <input type="checkbox"/>	
Other: <input type="checkbox"/>	<u>Explain</u>	

INCOME VERIFICATION OF HOUSING UNIT				
Name of each household member, including self	Age	Relationship to self	Monthly Income	Source of Income
		<i>self</i>		

Signature of Recipient \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE STAFF ONLY				
Date of Acceptance _____		Accepted By _____		
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Fee Waived	Approved	Yes / No
Comments _____				
Resolution Number	Date	Amount Awarded	Check Number	Initial