



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"/>	<i>Explain</i> _____	

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 Denied Fee Waived Approved Yes / No
 Comments _____

Resolution Number	Date	Amount Awarded	Check Number	Initial