



Burns Paiute Tribe

100 Pasigo St
Burns, OR 97720
Phone (541)573-2088
Fax (541)573-2323

**TRIBAL MEMBER INFORMATION (Please print legibly)
ONLY FOR NEW APPLICANTS or CHANGE OF ADDRESS**

Name: _____ DOB: ____/____/____

Burns Paiute Tribe Enrollment Number: _____ SSN (last four digits) _____

Street Address: _____ Mailing Address: _____

City, State, Zip: _____ County: _____

Home/Cellphone: _____ Work: _____

Minor Children in household (include all living in the home):

	<u>First, MI, and Last Name</u>	<u>DOB</u>	<u>Burns Paiute Tribal Enrollment #</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

(if needed please use back of sheet for additional)

PLEASE CHECK ALL COVID-19 RELATED LIVING ASSISTANCE NEEDS THAT APPLY:

- Gas/Propane Food PPE/Sanitizer Medical Electricity
 Rent/Mortgage Water Loss of income Diabetic Childcare
 Transportation internet/phone Other _____

CERTIFICATION:

I hereby certify and attest the information completed by me on this application is true and correct to the best of my knowledge and that any relief assistance received by me will be used to offset covid-19 related expenses I have incurred since March 2020.

Applicant Signature

Date

Application must be received by 5pm, July 2, 2021, to be considered for distribution.

FOR OFFICIAL USE ONLY-PLEASE DO NOT WRITE IN THIS SPACE

Date/Time Application Received: _____ Processing Employee Initials: _____

APPLICANT APPROVED PAYMENT AMOUNT: _____ (Attach proof of payment to completed application)