

# Pit River Tribal Member Request for

## Elders Assistance

**May submit application no sooner than 30 days before your birthdate**

**No back payment will be issued. Must be claimed within the year requested**

Tribal Members Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Band: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Requested Amount: \$500 Pick up: \_\_\_\_\_ Mail: \_\_\_\_\_

\_\_\_\_\_

Tribal Members Signature

\_\_\_\_\_

Date of Request

\_\_\_\_\_

If Approved Authorized Signature

\_\_\_\_\_

Date of Approval

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**Please take the time to ensure that your application is complete. Incomplete applications will automatically be denied.**

Social Services Coordinator Phone Number: (530) 335-5421 ext: 1401

Pit River Tribal Office Fax: (530) 335-3140

Finance Office Fax: (530) 335-5069

Email: receptionist@pitrivertribe.org