PIT RIVER TRIBE
APPLICATION FOR ASSIGNMENT

SECTION 1:

LAST

FIRST

MIDDLE 1

MAIDEN

ADDRESS (PHYSICAL)

CITY

STATE

ZIP

ADDRESS (MAILING)

CITY

STATE

ZIP

HEAD OF HOUSEHOLD

YES ___ NO

DATE OF BIRTH (M-D-YR)

ENROLLED MEMBER

YES ___ NO

ENROLLMENT NUMBER

PHONE NUMBER

MESSAGE NUMBER

EMAIL

SECTION 2: FAMILY INFORMATION: SPOUSE, CHILDREN, ALL IN THE HOUSEHOLD NEED TO BE LISTED

LAST NAME

FIRST NAME

DOB

WILL LIVE ON ASSIGNMENT Y/N

PHONE/Email

1. Include yourself on line 1 above.

2.

3.

4.

5.

6.

7.

SECTION 3. IN ORDER TO BE CONSIDERED FOR PRIORITY PREFERENCE FOR DISABILITY, YOU MUST PROVIDE MEDICAL DOCUMENTATION VERIFYING THE DISABILITY

briefly explain the disability and who has it:

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SECTION 4.
HAVE YOU EVER HAD AN ASSIGNMENT OF THE PIT RIVER TRIBE? ___ YES ___ NO
IF YES: HAS THAT ASSIGNMENT EVER BEEN CANCELLED? ___ YES ___ NO
IF YES, PLEASE EXPLAIN BELOW:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

SECTION 5.
ASSIGNMENT AND THE AREA YOU ARE APPLYING FOR:
a) Please provide a legal description or mapping to identify the land you are applying for:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

b) Is the land improved? ___ YES ___ NO
   if yes, please describe below:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

b) Has the land been assigned previously? ___ yes ___ no if yes, to whom ______________________________
d) Are you applying for this assignment as a designated successor? ___ yes ___ no
   If yes, who designated the assignment to you? _________________________________________________
   If you have written designation, please attach it to this application or explain why you are eligible to receive the assignment as a successor by the prior assignee
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

READ BEFORE SIGNING

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU. IN SIGNING THIS DOCUMENT, YOU CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION YOU HAVE PROVIDED IS TRUE AND CORRECT. IF THE PIT RIVER TRIBE DISCOVERS IN ANY WAY, THAT ANY INFORMATION PROVIDED IS UNTRUE AND KNOWINGLY INCORRECT, IT CAN CANCEL THIS APPLICATION FOR ASSIGNMENT OR YOUR FUTURE ASSIGNMENT GRANTED BY THIS APPLICATION.

_________________________ ___________________________ _______________________
NAME (PRINT) SIGNATURE DATE