

FOR VETERANS

TO'NANEES'DIZI LOCAL GOVERNMENT

P.O. BOX 727 TUBA CITY, ARIZONA 86045

PHONE: 928-283-3284 FAX: 928-283-3288

EMAIL: tonaneesdizi@navajochapters.org

FINANCIAL ASSISTANCE APPLICATION

Name: _____

Social Security: _____ Census No: _____

Date of Birth: _____ Male: _____ Female: _____

ARE YOU A REGISTERED VOTER OF TO'NANEES'DIZI CHAPTER? YES NO

Applicant's Address (PO Box/Physical): _____

City, State & Zip: _____

Applicant's Phone #1: _____

Applicant's Phone #2: _____

If no phone, name and phone # of contact person: _____

REASON FOR ASSISTANCE: _____

ACCURACY STATEMENT: I, _____ declare that the information I have provided is true, correct and complete to the best of my knowledge and ability. I understand that I could be penalized if I knowingly give false information and that this offense is punishable by law.

Signature: _____ Date: _____

***** FOR ADMINISTRATIVE USE ONLY *****

Documents Needed: ID Card/DL CIB SS CARD NN VOTER CARD VA Referral Letter Income Statement Utility Statement (APS/NTUA)	DD 14 (Discharge form)	Approved _____ By: _____ Approved Vendor: _____ Approved Amount: _____	Denied _____
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