

TO'NANEES'DIZI LOCAL GOVERNMENT

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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: _____

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:	
_____ Identification Card	Approved _____ Denied _____
_____ CIB	
_____ SS CARD	By: _____
_____ NN VOTER CARD	
_____ VA Referral Letter	Approved Vendor: _____
_____ Income Statement	
_____ Utility Statement (APS/NTUA)	Approved Amount: _____