

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