



LEECH LAKE TRIBAL ASSISTANCE
**Application for Extraordinary
Direct Assistance**

First Name, M.I., Last Name

Date of Birth

Social Security #

Address, City, State, Zip

Date Applied

Telephone #

LL Enrollment #

Please list all persons in the home of the applicant (use the back, if necessary):

Last Name	First Name	Relationship to the Applicant	Date of Birth	Social Security Number

Income: list the total amount of income for any and all members residing in the household and the source of income.

Name	Amount per Month	Source of Income	Employers Phone #

Fully Describe the type of assistance you are requesting and why. *(use the back, if necessary)*

Are you receiving M.A. or are you eligible? Yes No

Are you a Veteran? Yes No

For all household members, list the monthly expenses: Rent, Mortgage, Propane, Electricity, Food, Other:

Name	Expenses	Amount

By signing this form, I verify that all of the information I have provided is true and complete to the best of my knowledge and any benefits received will be used for the intended purpose. I understand that submission of false or misleading information is ground for dismissal of my claim for assistance.

Client Signature _____ Date _____

Tribal Assistance Use ONLY: Approved Denied Pending

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