



## Membership Distribution Request for Income Verification

Adult Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_  
Adult Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_

### MONTHLY DISTRIBUTIONS HISTORY

Year Needed:  
 2015    2016    2017    2018    2019    Current Year

Months Needed:  
 JAN    FEB    MAR    APR    MAY    JUN    JUL    AUG    SEP    OCT    NOV    DEC

### LETTER

Choose One:    Per Capita    Elder Support Programs    Disability    Senior

Other: \_\_\_\_\_

Children Included on Verification:

Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Choose One:

- Pick Up: \_\_\_\_\_ Contact #: \_\_\_\_\_
- Email To: \_\_\_\_\_
- Fax To: \_\_\_\_\_
- Mail To: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NO POWER OF ATTORNEY WILL BE ACCEPTED.**  
*Please allow 48 hours for income verification to be completed.*

Questions?

**Phone:** 360-716-4364 | **Email:** membershipdistribution@tulaliptribes-nsn.gov | **Fax:** 360-716-0304