



Membership Distribution Request for Income Verification

Adult Name: _____ Tribal ID #: _____ DOB: _____
Adult Name: _____ Tribal ID #: _____ DOB: _____

MONTHLY DISTRIBUTIONS HISTORY

Years Needed:
2021 2020 Other (List year:) _____

List Month(s) Needed: _____

LETTER

Choose One:

General Welfare Elder Support Programs Disability Senior Special Per Capita

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