



Tulalip Tribes Finance Department
ATT: MEMBERSHIP DISTRIBUTION
6406 Marine Drive, Tulalip, WA 98271
FAX (360)716-0304

REQUEST FOR INCOME VERIFICATION

ADULT NAME: _____ TRIBAL ROLL # _____

ADULT NAME: _____ TRIBAL ROLL # _____

YEAR NEEDED: 2010 2011 2012 2013 2014

MONTHS NEED: JAN FEB MAR APR MAY JUN JULY AUG SEPT OCT NOV DEC

CIRCLE ONE: **PER CAPITA** ELDER/SENIOR PAYMENTS **DISABILITY PAYMENTS**

OTHER: _____

CHILDREN INCLUDED ON VERIFICATION:

NAME: _____ TRIBAL ROLL # _____

CHECK ONE:

_____ PICK UP: _____ CONTACT # _____

_____ EMAIL TO: _____

_____ FAX TO: _____

_____ MAIL TO: _____

PLEASE ALLOW 48 HOURS FOR INCOME VERIFICATION TO BE COMPLETED

SIGNATURE: _____

DATE: _____