



RED MESA CHAPTER
Red Mesa, Navajo Nation, Utah



ASSISTANCE APPLICATION

TYPE OF ASSISTANCE:

() **Burial Assistance** () **Other:** _____

Name: _____

Address: _____

Phone No: _____

Social Security No.: _____ - _____ - _____

Census No.: _____

Date of Birth: _____

Register to Vote:	
YES _____ NO _____	
Verified by: _____	

Household Size: _____

Names of ALL Household members receiving Income:

Household Income: \$ _____

Source of Income: _____ **Monthly Amount:** _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Justification of Request:

<p>Date: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Explanation: _____ _____ _____</p> <p>Chapter Coordinator: _____</p>	<p>CHECK PAYABLE TO: (Vendor only)</p> <p>Name: _____</p> <p>Address: _____ _____</p>
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