

Timbisha Shoshone Tribe

Member Assistance Request/RSTF Loan

Department:

- | | | | |
|---|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Food | <input type="checkbox"/> Sports | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Utilities | <input type="checkbox"/> Travel | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Fuel | <input type="checkbox"/> Repairs | |
| <input type="checkbox"/> Personal Needs | <input type="checkbox"/> Medical | <input type="checkbox"/> RSTF Loan \$25.00 Fee | |

Must complete all lines and send with supporting documents

<p>REQUEST DATE: <input style="width: 100%;" type="text"/></p> <p>DATE CHECK NEEDED: <input style="width: 100%;" type="text"/></p> <p>MEMBERS NAME: <input style="width: 100%;" type="text"/></p> <p>MEMBER ADDRESS: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p> <p>PHONE NUMBER: <input style="width: 100%;" type="text"/></p> <p>LIST ALL INCOME: <input style="width: 100%;" type="text"/></p> <p>NAME OF EMPLOYER: <input style="width: 100%;" type="text"/></p> <p>LIST ALL EXPENSES: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p> <p>AMOUNT REQUESTING: <input style="width: 100%;" type="text"/></p> <p># OF DEPENDENTS: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p>	<p><i>SPECIAL INSTRUCTIONS:</i></p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Hold for pick-up</p>
<p>DISABLED(Y/N): <input style="width: 100%;" type="text"/></p> <p>ELDER (Y/N): <input style="width: 100%;" type="text"/></p> <p>DATE OF BIRTH: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p>	

Description of Request: _____

****ATTACH DOCUMENTS TO SUPPORT REQUEST****

REQUESTED BY:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	(SIGNATURE)	(DATE)
TRIBAL ADMINISTRATOR:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	(SIGNATURE)	(DATE)
APPROVED BY:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	(SIGNATURE)	(DATE)

Method of approval (email - E / phone - P / text - T / verbal (in office) - V

TRIBAL COUNCIL VOTE: BE _____ MC _____ WK _____ EF _____ GG _____
 EoPoToVo Eo Po To Vo EoPoTo Vo EoPo ToVo EoPo ToVo

Revised 1/11/13