



# Enterprise Rancheria

Estom Yumeka Maidu Tribe

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## **GENERAL WELFARE CONSOLIDATED ASSISTANCE APPLICATION**

2021 Distribution dates are as follows: *February 26th, May 28th, August 27th & November 26th.*

**Name of Tribal Member:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Enrollment Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Are you a Tribal Elder:** Yes No      **Household size:** \_\_\_\_\_

**Do you receive SSI Benefits: Yes or No - If yes, contact the office to finish your application**

- All Adult Lineal Tribal Members ages 18+ are eligible for a quarterly benefit in a consolidated General Welfare Assistance Distribution.

Adult Lineal Tribal Members may apply for one of the following programs depending on your age and needs, check the box that applies to you:

<u>Age</u>	<u>Program</u>	<u>Check</u>
18-54 yrs. of age not receiving SSI	Housing Assistance	
55 yrs. of age and older; not receiving SSI	Elders Assistance	
18 yrs. of age and older receiving SSI	Low Income Elders and Disabled Members Hardship	

The Enterprise Rancheria Tribal Council wishes to ensure that no tribal member in the tribe will be without basic fundamental necessities of life. The General Welfare Policy will not completely fund all members' financial and other needs, but is designed to lessen the burden of living expenses in their everyday lives. It is the intent of the Tribal Council that the policy be funded from the Tribe's operations distribution, which will not be subject to state or federal taxation and will not reduce fixed income or other benefits of the recipients.

I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application, if I knowingly give false information which results in payment to which I am not entitled, the Tribe may treat the payment as taxable and issue me a Form 1099-MISC and/or pursue remedies to recover funding. *I further certify that I am not incarcerated and if I become incarcerated, I will contact the Tribal Office; as I no longer will be eligible.*

*Application can be emailed, faxed, mailed or hand delivered to Enterprise Rancheria Tribal Office.*

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

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