

# SENECA - CAYUGA NATION

**Benefits Department**  
Phone: 918-791-6025

**PO Box 453220**  
Fax: 918-786-9245

**Grove, OK 74345**  
Email: [benefits@sctribe.com](mailto:benefits@sctribe.com)

## TRIBAL ELDER APPLICATION

Submit to the above Address - "Attention: Benefits"

**APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED**

**QUALIFIED NATION ELDERS MUST BE 52 YEARS OF AGE OR OLDER  
AND MUST HAVE BEEN A MEMBER OF THE SENECA-CAYUGA NATION FOR NO LESS THAN (20)  
YEARS PRIOR TO RECEIVING ANY OF THE NATION ELDER FUNDS**

Tribal Elders will be allowed a once in a lifetime payment of \$10,000.00.

The Tribal Elders must provide all the listed information to the Seneca-Cayuga Nation Benefits Department  
The Tribal Elder will be allowed \$2,500.00 each fiscal year following the use of his/her \$10,000.00 funds

Today's Date	Applicant's Date of Birth	Current Age of Applicant
Name	Roll #	
Address	City/State	Zip Code
Phone Number	Cell Number	Work Number
Email Address		

All information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have provided on this form. I agree to notify the Seneca-Cayuga Benefits Department of any changes in the above information.

### PERMISSION FOR RELEASE OF INFORMATION

I, the undersigned tribal member do hereby give my permission for the release of vendor information to the Seneca Cayuga Nations Benefit Department. This shall include, but not be limited to landlord payments, landlord leases, dental, vision, optical receipts, utility vendors, and any other documents submitted. Any tribal member found to be defrauding the Seneca Cayuga Nation Benefit Program will be suspended indefinitely

Signature of Applicant or Guardian

Date

### BELOW IS A LIST OF OF DOCUMENTATION NEEDED FOR COMPLETION OF THIS CLAIM AND MUST BE SUBMITTED WITH THIS APPLICATIONS

- \_\_\_\_\_ Copy of the Tribal Membership Card
- \_\_\_\_\_ Statement of Need
- \_\_\_\_\_ Copy of all Receipts, Estimates or a Quote for which the Tribal Member is Requesting Funds

Statement of Need:

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