

Phone: 918-791-6025 Fax: 918-786-9245 Benefits Department PO Box 453220 Grove, OK 74345

Email: benefits@sctribe.com

## SOCIAL SERVICE APPLICATION

Submit to the above Address - "Attention: Benefits"

APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED

Social Service Funds are Paid at a Maximum of \$1,000.00 per Fiscal Year depending on funding availability. Tribal members must be ages 18-54.

Date			
Name		Roll #	Date of Birth
Address		City/State	Zip Code
Phone Number	Cell Number	Work Number	
	ark the type of social service as	ssistance and amount y	ou are requesting:
<ol> <li>Financial Assistan</li> <li>Utilities Assistance:</li> </ol>			
3. Housing Assistance			
	W-9's are required from all vendors	s as well as lease agreem	ents.)
	I have provided on this form. I ag		sked by an authorized official, I agree to ayuga Benefits Department of any
Benefit Department. This shall utility vendors, and any other d	er do hereby give my permission for include, but not be limited to landlo ocuments submitted. Any tribal me	ord payments, landlord lea	formation to the Seneca Cayuga Nations ases, dental, vision, optical receipts, ling the Seneca Cayuga Nation Benefit ses shall also be cause for suspension
Printed Name of Applicant or Guardian		Date	
Signature of Applicant or Guardian		Date	

The following documents <u>MUST</u> be Submitted with this Application. Incomplete applications will not be funded until all supporting documents are submitted.

Hand written letters will NOT be accepted as a supporting document.

- Completed application
- A copy of applicant's the tribal card
- Statement of need
- All documentation pertaining to the assistance for which you are applying for