

GENERAL WELFARE APPLICATION for ENROLLMENT

SECTION A: MEMBER DEMOGRAPHIC INFORMATION (Please Print)

First Name		Middle Initial		Last Name	
Tribal Roll Number		Date of Birth		Social Security Number	
Disabled	NO YES	*Please Select	Permanent * Temporary *	Telephone Number	
Primary Address				City	State
Mailing Address (if different)				City	State
				Zip	Zip

SECTION B: AUTHORIZATION TO ESTABLISH ACCOUNT

I authorize the Revenue Allocation Plan Administrator to establish a General Welfare Assistance account in my name. I understand the benefit programs available to my household and the provisions of each program as set forth by the Tribe. I understand that all programs provided are established under the Gun Lake Tribe General Welfare Ordinance and shall be in compliance with the Tribal General Welfare Exclusion Act of 2014 (P.L. 113-168) and the Internal Revenue Service's Rev. Pro. 2014-35.

Under these provisions, the benefits provided to my household are non-taxable. I also understand that neither the Tribe nor its affiliated third-party administrator(s) are engaged in providing tax or legal advice.

By signing below, I certify that I understand and agree to comply with the terms and conditions of the programs set forth within the Ordinance and applicable program document(s) as well as authorize release of my information in order to establish a General Welfare Assistance Account in my name.

SIGNATURE OF AUTHORIZATION

SECTION C: MEMBER SIGNATURE

Member Signature: _____ **Date:** _____

Tribal Representative Signature: _____ **Date:** _____