

# KAYENTA CHAPTER

## FINANCIAL ASSISTANCE REQUEST APPLICATION

ATTACH THE FOLLOWING DOCUMENTS ALONG WITH YOUR APPLICATION

<ul style="list-style-type: none"><li>• Drivers License OR Identification Card</li><li>• Social Security</li><li>• Voter Registration with Kayenta Chapter</li><li>• Letter addressed to Kayenta Chapter stating why you need the assistance</li></ul>	<p><u>We will also require the checked document:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Utility disconnection invoice</li><li><input type="checkbox"/> Current Propane Statement</li><li><input type="checkbox"/> Mortuary Invoice</li><li><input type="checkbox"/> 3 Quotes from 3 different wood sellers (Sellers Names, Phone# and Amount)</li><li><input type="checkbox"/> 3 Quotes from 3 different places for: _____</li></ul>
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Name: \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Kayenta, AZ 86033

Physical Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\*\*.\*-\*\*-\_\_\_\_\_

Census #: \_\_\_\_\_ Registered Member of the Chapter: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature

Date

Verified: Yes \_\_\_\_\_ No \_\_\_\_\_ Verified By: \_\_\_\_\_

(Note: Any financial assistance request is based on availability of funds and budgetary for the current year)

### APPROVAL/DISAPPROVAL

\_\_\_\_\_  
Chapter Manager

\_\_\_\_\_  
Date