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SEMINOLE NATION OF OKLAHOMA
JUDGMENT FUND PROGRAM
ELDERLY ASSISTANCE PROGRAM

(Please print in ink or type information)

(Only Original Applications will be processed, no emailed, faxed or copies will be accepted)

Applicant Information:

Social Security #: _____/_____/_____ Date of Birth: _____/_____/_____ Age: _____

Name: _____
Last First MI Previous Names Used

Address: _____
(PO Box, RR or St) City State Zip Code

Phone #: _____ Work #: _____

Name of Tribal Band: _____ Degree of Seminole Blood: _____

Sex: _____

If you are **not** the Applicant, but are acting on behalf of the applicant, please fill out the following:

Name: _____
Last First MI Maiden

Address: _____
(PO Box, RR or St) City State Zip Code

Relationship: _____ **(You must provide legal documentation demonstrating this authority)**

Please List Statement of Need: _____

_____

Choose from the following:

Transportation Cost
Home Furnishings
Medical Needs
Utility Needs
Telephone Equipment and Charges
Entertainment Needs
Purchase or Repair of Household Appliances
Debt Reduction

(If need is other than listed examples, please state need.)

Application Guidelines and Required Documents are on the back of this form, PLEASE READ AND SIGN!

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WE DO NOT ACCEPT EMAILED, FAXED, OR COPIED APPLICATIONS, ONLY ORIGINAL SIGNED APPLICATIONS WILL BE PROCESSED.

APPLICATION GUIDELINES

You must be (62) Sixty-Two years or Older in order to receive a One-Time payment of $2,000.

REQUIREMENTS:

1. Applicant must provide a front & back copy of his/her Seminole Nation of Oklahoma Tribal membership card, (if not on file).
1. Applicant must provide a copy of his/her Certificate Degree of Indian Blood (CDIB), (if not already on file).
2. Applicant must provide one other form of identification with picture (valid driver's license, signed social security card or birth certificate with a current photo).

Information concerning an application or payment to an applicant is confidential and shall only be given to the applicant, unless a written statement is on file at the Judgment Fund office that another person(s) can inquire the information.

Mail application to:	Seminole Nation of Oklahoma Judgment Fund Office 2007 W. Wrangler Blvd. Seminole, OK 74868	Office Hours:	Monday - Friday 8:00am - 5:00pm
		Office:	(405) 382- 0549
		Fax #:	(405) 382-0571

Applicant's Rights and Responsibilities:

"I have read both sides of this application or it has been read to me. I have willingly completed this application and truthfully answered the indicated questions. I authorize the Seminole Nation Judgment Fund staff to make any investigations necessary to verify the answers given, and to obtain any information required to determine my eligibility. I have a right to a fair hearing on such action of the Tribe I consider improper, and shall submit a written request with explanation of need for a hearing to the Judgment Fund Coordinator. By signing below, I certify the above to be true, complete and accurate.

Signature: _____ Date: _____

Note: Application is incomplete if not signed, and all requested documents are turned in.