



Disaster Relief Fund Application Camp Fire 2018

Name: _____ Phone #: _____

Displaced Address: _____

Current Address: _____

Reason for application: _____

I hereby authorize _____ to release enrollment verification to the Mechoopda
(Tribe)

Indian Tribe of Chico Rancheria; my enrollment number is _____ and formal enroll name
(Member #)

is _____. Also, I understand the penalties for falsifying this application.

Members of Household:

_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, hereby acknowledge receipt of \$ _____ from Mechoopda Indian Tribe on behalf of the Bureau of Indian Affairs.

Signature

Date

Verified by _____ Date _____ Method _____ Check# _____