

Mark N. Fox, Chairman Three Affiliated Tribes

MANDAN, HIDATSA, & ARIKARA NATION

THREE AFFILIATED TRIBES * FORT BERTHOLD RESERVATION 404 FRONTAGE ROAD * NEW TOWN, NORTH DAKOTA * 58763-9402 PHONE: (701) 627-4781 EXT. 8122 * FAX: (701) 627-3503

Financial Hardship APPLICATION

Maximum amount allowable is "up to" \$500 per Fiscal Year (October-September), based on guidelines

Documentation required for all requests, no exceptions!
Letter Addressed to Chairman Fox explaining Financial Hardship request, no exceptions!

Educational Grant – Emergency Medical – Life & Limb – Wake/Funeral Assistance Are processed through TAT Grants & Donations Dept.

CHAIRMAN FOX'S OFFICE ASSISTANCE	E: Financial Hardship & S	ponsorship for TAT
Enrolled Members living "OFF" the reservation.	the second sector sector and	N 80 1 1 1 - Y
Financial Hardshin: Security Denosit	Past Due Bill Travel	Daily Living Expenses

_____ Financial Hardship: ___Security Deposit ___ Past Due Bill ___ Travel ___ Daily Living Expenses Other: ______

_____ Sponsorship (list of MHA Nation enrolled participants; budget; and fundraisers done)

(1) Up to \$500.00 per fiscal year (not guaranteed), \$ amount Requesting:

(1)_____

(3)

(2) TAT Members seeking financial assistance need to utilize community resources that	Initials (Acknowledgement)
are available to them prior to requesting assistance from the Tribe.	(2)
(2) The information you provided is true and to hast of your knowledge accurate any false	(_)

(3) The information you provided is true and to best of your knowledge accurate, any false information submitted may be considered fraud and will jeopardize any future tribal benefits/assistance.

Please Print

NAME:	ENROLLMENT NUMBER:
	301U-
ADDDESS.	1

City	State Zip Code
	City

RI	CLIABLE	CONTACT NUMBER:	SEGMENT:
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SIGNAT	URE		-OFFIC	E USE ONLY-	DATE		
RECEIVE	ED BY			_	DATE		
<u>\$</u> AMOUNT APPROVED		APPROVI	APPROVED BY			DATE	
<u>1</u> DATE	ACCOUNT CO	DE/SEGMENT	AMOUNT	2 DATE	ACCOUNT CO	DDE/SEGMENT	AMOUNT
3 DATE	ACCOUNT CO	DE/SEGMENT	AMOUNT	4 DATE	ACCOUNT CO	DE/SEGMENT	AMOUNT