



LEECH LAKE TRIBAL ASSISTANCE  
**Application for Extraordinary  
 Direct Assistance**

TAP Staff use only  
 Circle one:  
 Dist I II III IIII  
 Verified by & date: \_\_\_\_\_

First Name, M.I., Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Physical Address, City, State, Zip \_\_\_\_\_ Date Applied \_\_\_\_\_

Telephone # \_\_\_\_\_ LL Enrollment # \_\_\_\_\_

Please list all persons in the home of the applicant (use the back, if necessary):

Last Name	First Name	Relationship to the Applicant	Date of Birth	Social Security Number

Income: list the total amount of income for any and all members residing in the household and the source of income.

Name	Amount per Month	Source of Income	Employers Phone #

Fully Describe the type of assistance you are requesting and why. (use the back, if necessary)

Are you receiving M.A. or are you eligible?  Yes  No

Are you a Veteran?  Yes  No

For all household members, list the monthly expenses: Rent, Mortgage, Propane, Electricity, Food, Other:

Name	Expenses	Amount

By signing this form, I verify that all of the information I have provided is true and complete to the best of my knowledge and any benefits received will be used for the intended purpose. I understand that submission of false or misleading information is ground for dismissal of my claim for assistance.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Tribal Assistance Use ONLY:  Approved  Denied  Pending 6-27-18 AB