Iowa Tribe of Oklahoma
Tribal Assistance Program
Assistance Request

Please see Tribal Assistance Program Policy and Procedure for pertinent information.

Sign application and provide **all** information. Incomplete applications will not be processed.

Name of Applicant _____ Roll #_____
First Middle Last

Address _____
Street or P.O. Box City State Zip

DOB _____ Age _____ Phone# _____

*Please indicate which assistance you are applying for:

__ Household Assistance
__ School Expense Assistance
__ College Expense Assistance
__ Burial Assistance
__ Elder Assistance
__ School Expense - gift cards
__ Education Incentive
__ Burial Assistance - Infants
__ Veteran Assistance
__ High School Senior Assistance
__ Hearing Aid Assistance
__ Hardship Assistance

Below, list each vendor and the amount requested you would like us to pay. Total request cannot exceed each allotment. Refer to TAP Policy & Procedure for further information.

http://bahkhoje.com/native-services/tribal-assistance-program

_____

_____

_____ _____
Signature Date

By signing this application, I indicate that I have reviewed the Tribal Assistance Program Policies & Procedures and agree to abide by them.

Any fraudulent activity will be subject to prosecution.

FOR OFFICE USE ONLY – FUND EXPENSE CODE 0100 900

Balance: $_____

Action: Approved_____ Denied_____ Reason for Denial _____

Pay To: _____ Amount To Be Paid: $_____

Processed By: _____Date: _____

Tracking number: _____