

VERIFICATION OF TRIBAL ENROLLMENT AND DISPURSEMENT PER CAPITA AND/ OR GAMING INCOME

(02/19)

To	Date
Applicant/Tenant Name	Date of Birth

TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is receiving disbursements of per capita or gaming income. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Project Management Agent

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signature	Date
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VERIFICATION OF PER CAPITA DISBURSEMENTS/GAMING REVENUE

This form is to be completed by an official representative of the tribal enrollment office or other tribal designated official.

Name of Tribe/Nation			
Is the Applicant/Resident named above an enrolled Tribal Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Per Capita Disbursements/ Gaming Revenue presently being disbursed to the Tribal member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of Disbursements (# times per year)	Amount of Disbursement \$
Source of the Income? <input type="checkbox"/> Per Capita Income <input type="checkbox"/> Gaming revenue Disbursements	The Per Capita or Gaming Revenue Disbursements for a minor child is paid to: <input type="checkbox"/> Mother of the Child <input type="checkbox"/> Father of the Child <input type="checkbox"/> Guardian _____		
If money is being held by the BIA in the Individual Trust Account; is there any restriction to the withdrawal of funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the restrictions?			

By signing below, I certify that the information above, to the best of my knowledge, is correct.

Signature of Tribal Official	Date		
Name of Tribal Official (please print)	Title		
Mailing Address	City	State	ZIP Code
Telephone Number	Fax Number	Email Address	

TO BE COMPLETED BY PROJECT MANAGER

Please Return to	Telephone Number	Fax Number
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