WYANDOTTE NATION HOLIDAY FOOD APPLICATION

Personal Information

Full name: _____

Phone: _____ Email Address: _____

City/State/Zip: _____

Please list all persons in Household, listing yourself first:

First Name / MI / Last Name	Employed Y / N	If Yes List Employer	Age	Date of Birth	Wyandotte Nation Roll Number

Monthly Net Income (for all adult members of the household 18 years and older)

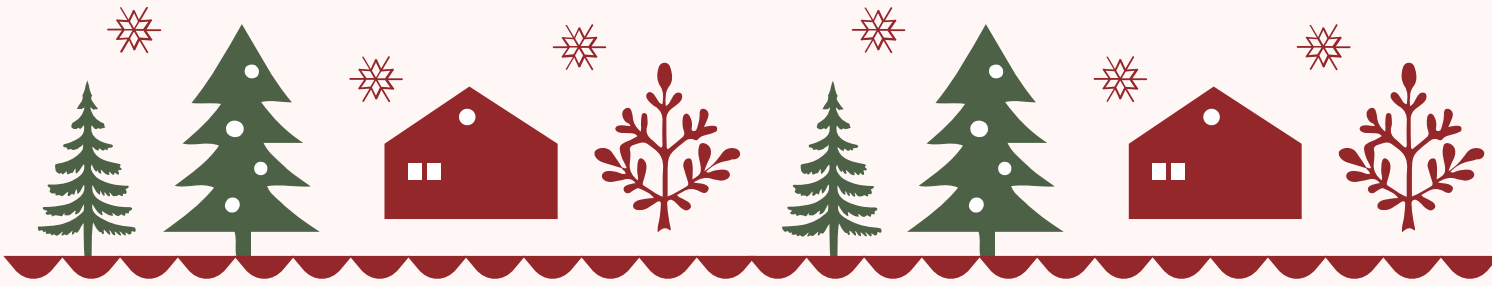
Name: _____ Amount: _____ Source: _____

Name: _____ Amount: _____ Source: _____

Total Household Monthly Net Income: $_____

Are you receiving Holiday assistance from any other programs? Yes ☐ No ☐

Are you enrolled with another Federally recognized Tribe? Yes ☐ No ☐



By signing below, I certify that all information is true and correct:

_____ _____

Signature **Date**

Applications must be received by Monday, November 30th

This is an income based program

For questions please email wnfs@wyandotte-nation.org