



# Picayune Rancheria of the Chukchansi Indians

## ELDER UTILITY ASSISTANCE/NUTRITION CARD PROGRAM

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please initial each of the following for eligibility.

\_\_\_\_\_ I am enrolled member of the Picayune Rancheria of the Chukchansi Indians.

\_\_\_\_\_ I will utilize Utility Assistance payments I receive from the Tribe under this program to pay for electricity, propane, gas, wood, water, sewer, septic, garbage and/or telephone.

\_\_\_\_\_ I will utilize the Nutrition Card to purchase nutritious groceries.

\_\_\_\_\_ I understand that this Nutrition Card may **NOT** be used to purchase any **Alcohol or Tobacco products**.

The store I wish to use my Nutrition Card at is \_\_\_\_\_ WinCo, \_\_\_\_\_ Vons, (Please choose one).

**To show proper identification I will have this document notarized or signed with proper I.D. in front of a Picayune Rancheria Tribal Employee.**

I, the undersigned, hereby swear under penalty of perjury that the information in this Application is true and accurate to the best of my knowledge and I understand that the Tribal Government cannot guarantee this payment will be considered tax-exempt.

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

\_\_\_\_\_  
Enrollment Specialist Date

\_\_\_\_\_  
Tribal Chairperson Date