

DATE RECEIVED _____
RECEIVED BY _____

(FORM NO: A.F. 2)

OFFICIAL USE ONLY

**PIT RIVER TRIBE
APPLICATION FOR ASSIGNMENT**

SECTION 1:

 LAST FIRST MIDDLE I MAIDEN

 ADDRESS (PHYSICAL) CITY STATE ZIP

 ADDRESS (MAILING) CITY STATE ZIP

 HEAD OF HOUSEHOLD YES ___ NO ___ DATE OF BIRTH (M-D-YR) _____

 ENROLLED MEMBER YES ___ NO ___ ENROLLMENT NUMBER _____

 PHONE NUMBER MESSAGE NUMBER EMAIL

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 DATE APPLIED: DATE APPLICATION COMPLETE: TRIBAL SECRETARY INITIALS

SECTION 2: FAMILY INFORMATION: SPOUSE, CHILDREN, ALL IN THE HOUSEHOLD NEED TO BE LISTED

LAST NAME	FIRST NAME	DOB	WILL LIVE ON ASSIGNMENT Y/N	PHONE/Email
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

SECTION 3. IN ORDER TO BE CONSIDERED FOR PRIORITY PREFERENCE FOR DISABILITY, YOU MUST PROVIDE MEDICAL DOCUMENTATION VERIFYING THE DISABILITY

briefly explain the disability and who has it:

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SECTION 4.

HAVE YOU EVER HAD AN ASSIGNMENT OF THE PIT RIVER TRIBE?
IF YES: HAS THAT ASSIGNMENT EVER BEEN CANCELLED?
IF YES, PLEASE EXPLAIN BELOW:

___ YES ___ NO
___ YES ___ NO

SECTION 5.

ASSIGNMENT AND THE AREA YOU ARE APPLYING FOR:

a) Please provide a legal description or mapping to identify the land you are applying for:

b) Is the land improved? ___ YES ___ NO
if yes, please describe below:

c) Has the land been assigned previously? ___ yes ___ no if yes, to whom _____

d) Are you applying for this assignment as a designated successor? ___ yes ___ no

If yes, who designated the assignment to you? _____

If you have written designation, please attach it to this application or explain why you are eligible to receive the assignment as a successor by the prior assignee

READ BEFORE SIGNING

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU. IN SIGNING THIS DOCUMENT, YOU CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION YOU HAVE PROVIDED IS TRUE AND CORRECT. IF THE PIT RIVER TRIBE DISCOVERS IN ANY WAY, THAT ANY INFORMATION PROVIDED IS UNTRUE AND KNOWINGLY INCORRECT, IT CAN CANCEL THIS APPLICATION FOR ASSIGNMENT OR YOUR FUTURE ASSIGNMENT GRANTED BY THIS APPLICATION.

NAME (PRINT)

SIGNATURE

DATE