



PIT RIVER TRIBE

ELEVEN AUTONOMOUS BANDS

36970 PARK AVE BURNEY CA 96013

PHONE 530-335-5421

FAX 530-335-6340

ZERO INCOME FORM

DATE : _____

This is to verify that I, _____, have no income at this time.
(Name of Applicant)

By signing this form, I certify that the above statement is true and current to the best of my knowledge.

SIGNATURE OF APPLICANT: _____

DATE SIGNED: _____

ATWAMSINI

ITSA TAWI

ASTARIWI

ATSUGEWI

APORIGE

AJUMAWI

HEWISEDAWI

ILMAWI

KOSEALEKTE

HAMMAWI

MADESI